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ABSTRACT

The results of a survey of special education provisions, needs, and priorities in Australia are presented. It is explained that questionnaires were sent to primary and secondary schools in each state and territory, government and nongovernment special schools and their teachers, and to teachers in special classes/units attached to regular schools. Survey responses and other pertinent information are drawn upon to consider the following topics: the development of special education provisions in Australia, the organization and provision of special education, legislative foundations, nongovernment provisions, state and national statistics, handicapped students in regular schools, students with learning and behavior problems in regular schools, students in special schools, children in long term residential care, teacher education, integration, rights and values in special education, teachers' views about needs in special education, and priorities in special education. (CL)

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Fred and Eleanor Schonell Educational Research Centre,
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A SURVEY OF SPECIAL EDUCATION IN AUSTRALIA

PROVISIONS, NEEDS AND PRIORITIES IN THE EDUCATION OF CHILDREN WITH HANDICAPS AND LEARNING DIFFICULTIES

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This survey was conducted by the Fred and Eleanor Schonell Educational Research Centre, Department of Education, University of Queensland, for the Schools Commission, Canberra.

July 1979

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SURVEY OF SPECIAL EDUCATION

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PREFACE

The need for an adequate description of special education provision in Australia is pressing, and it is appropriate that, in this International Year of the Child, the urgency of this need was recognized by the Schools Commission who requested the present study to be undertaken. It has not been an easy task. Many federal and state departments and voluntary organizations are involved in providing educational programs. Some of these have been remarkably helpful and supportive, but we have not always been successful in our requests for information. Thus some aspects of the great labyrinth of special educational provision in Australia remain undocumented. We have, however, been able to describe most areas of present provision in considerable detail.

In spite of the complexity of service delivery, special education in Australia has made notable progress in recent years. Many teachers indicate dedication and keeness, even though they often report inadequate training for their special responsibilities. The right of the handicapped to appropriate education is being increasingly recognized by governments and parents, and a growth in advocacy can be expected for this and other rights of the handicapped in the next few years. More handicapped students are being educated in the 'mainstream' of the education world - the neighbourhood school.

But further developments are needed before every handicapped person has high quality, free, and appropriate schooling for his/her needs. The most disturbing aspect of present provisions is the many handicapped children and adolescents in institutions who have no access to education. This group, often the most severely handicapped, have the least powerful advocacy. These children can be easily forgotten, and whatever the effect of this report for the future of special education, we are concerned that it should have benefit for the education of children in residential care. We hope, of course, that it will result in a better education for all handicapped students. We hope too, that those who are intimately involved with special education, in special schools or integrated special settings, or with the learning and behaviour difficulties of children in regular classrooms, will find much of interest in these pages.

This edition is a consolidated version of the two volume report submitted to the Schools Commission, and does not include the questionnaires and other documentation originally included in the appendices.

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ACKNOWLEDGEMENTS

Conducting a national survey of provisions in education is a daunting exercise at any time. When it is the first to be conducted in a particular field, many difficulties are faced in planning and implementation. When six states and two territories conduct educational programs in unique ways, and use terminology not easily translated across their boundaries, difficult periods can be expected. To attempt such a task under the pressure of a tight time-line was somewhat reckless. That we made an attempt can be attributed to the attractiveness of learning much about special education that was unknown, and of acquiring a national perspective which would help to guide policy development and practice. To the extent that we have succeeded in drawing an accurate map of special education in Australia, and pointed the way to improved services for handicapped children, we gladly acknowledge the contribution of all who assisted us, and especially those named below:

to the Schools Commission for its pioneering commitment to the improvement of education for the handicapped children of Australia, and for the challenge presented to us in the execution of the present task;

to the Special Education Advisory Group of the Schools Commission for its advice and encouragement as we planned the survey and designed the instruments;

to the officers of Education Departments in the states and territories, for their co-operation in planning, in facilitating visits to schools and special education programs, and with distribution of questionnaires through departmental services; to officers of Health and Welfare Departments; and to officers of independent school organizations and voluntary associations;

to principals and teachers of schools (government and non-government) for their efforts in completing long and demanding questionnaires;

to all those who submitted evidence either by correspondence, in meetings with us, or by inviting us to their facilities;

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we offer thanks.

Robert J. Andrews
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Chapter 1

BACKGROUND TO THE SURVEY

1.1 INTRODUCTION

Special Education in Australia has a long history, even though many aspects of the present-day pattern of provisions are of fairly recent origin. Some special school programs for children with sensory handicaps, for example, have their origin in the 1860s. Most other special schools were established from the 1920s onwards, while support services to teachers with handicapped children in their regular classrooms is a current trend.

Although there is considerable variability among the states in special education provision, a national overview of these provisions was given in the 1978 Report of the Schools Commission. This identified 455 government and non-government special schools and 972 centres providing full-time or part-time special classes for handicapped children in Australia, with over 59,000 students benefitting from all special education services including those receiving support services in regular classrooms.

The Report of the Interim Committee of the Australian Schools Commission, submitted in 1973, marked a new phase of commonwealth participation in meeting the needs of handicapped children. In making its recommendations, the Committee recognized that there were difficulties to be overcome in achieving a national perspective on special education in Australia. The Committee considered it"... a particularly complex area,... by reason of the range and degree of handicaps..." and "... by the diversity of organizational arrangements that have been development over the years in the various states" (p.110). The Interim Committee also expressed its regret at its inability to make a detailed investigation of the educational needs of mentally and physically handicapped children and suggested that, when established, "the Commission should give early consideration in greater depth to the educational needs of handicapped children" (p.110).

However, the Interim Committee, and the Commission following its establishment, proceeded to recommend allocations of funds to the states for special education, by contributing to the capital and recurrent funding of special schools and classes, as well as through the Commission's other programs, including the teacher development program. In 1977 the Commission's involvement in special education funding was extended with the introduction of a joint program to provide supporting educational experiences for children living in residential care.

1.2 SPECIAL EDUCATION ADVISORY GROUP

In 1977 the Commission also expanded and reformed its Special Education Advisory Group, believing that it was an appropriate time to undertake a detailed national study of special education provisions, and of general education provisions for children with special needs.

The general terms of reference for the Advisory Group were:

"(i) provide the Commission with advice in relation to the special education provisions and general education provisions for children with special needs existing in schools and centres throughout Australia;

(ii) identification of the special needs at present not adequately met; the priorities for such provisions as may be made available to meet these needs of children and the relationship of such provisions to the existing facilities and programs;

(iii) a broad assessment of existing provisions and proposed or identified developments, including a review of longer term implications arising from such provisions, for individual schools and for the community."

In addition the Commission provided the Advisory Group with fifteen specific statements as terms of reference, as follows:

General description

Provide information on the special education provisions and general education provision for children with special needs, existing in schools and centres throughout Australia.

Specific information

The following information needs to be obtained from each state and territory within Australia:

(a) What is the basic philosophy and perceived responsibility of Australian Education Departments towards the education of all children, irrespective of the nature, degree or multiplicity of their handicaps?

(b) What is the nature, extent and coordination of support services to parents of handicapped children?

(c) What is the nature, extent and coordination of support services to teachers of handicapped children?

(d) What are the procedures and structures for the evaluation of the effectiveness of present teacher education programs (for pre-service and in-service) for teachers of handicapped children (in terms of learning outcomes to such children)?

(e) What are the procedures and structures for the evaluation of the effectiveness of psychological services in the development of programs for children with learning difficulties?

(f) To what extent are special education programs geared to the preparation of children for entry to the work force and society in general? To what extent can employers and society in general be prepared to accept the handicapped?

(g) What is the nature and extent of research programs conducted by education departments into children's learning difficulties of all kinds?

(h) The estimated number and nature of children of school age (5-15) for whom no educational provision is made, either by government or voluntary organizations.

(i) The number of school children (5-15) who are resident in government and non-government institutions or in other forms of residential care.

(j) Extent to which the philosophy expressed in the range of provision and in functional integration has been expressed in building projects: modification, merger of schools and classes requiring changed patterns of accommodation, new school construction (special and ordinary), resource or diagnostic centres.

(k) Who undertakes identification and diagnosis of the learning difficulties of handicapped children? In what way do school medical services assist in identifying physical handicaps affecting learning? Age of contact, subsequent provisions, etc.?

(l) The structure of the Education Departments in relation to providing for handicapped children, cooperation between special education branch and ordinary school divisions.

(m) The main features of non-government special education provision in the States and its relationship to the Education Departments, including any access to central services, consultants, in-service activities.

(n) To what extent is national coordination and interaction being achieved in special education?

(o) To what extent are other Commission and state programs and community resources generally being integrated into special education? [1]

In their report the Group indicated that they were not able to conduct a thorough survey in the time available and considered that their most productive course was:

(i) to provide a general description of the existing state of special education in Australia

(ii) to identify broad areas of need at present not adequately met and to arrange these in some priority order for the attention of the Commission

(iii) to advise the Commission on the efficacy of its present programs in regard to special education and its views on the continuation of these programs

(iv) to draw up a brief for a wide ranging survey and review of special education provisions and to provide advice to the Commission on how it might be carried out.

The particular approach taken by the Advisory Group gave a strong emphasis to a review of values and needs in special education. In discussing values, it emphasised a range of statements, as given below, which values the group subscribed to, and identified related needs for more effective provisions for handicapped children.

---

[1] *Source: Report of the Special Education Advisory* Group *to the Schools Commission, December, 1977, pages 4 - 5.*

Values expressed:

1. Education for all
2. Education appropriate to children's level of development
3. Optimal educational settings for handicapped children
4. Sharing the educative process with parents
5. Sharing the educative process with other professionals
6. Education for social participation, for work and for leisure
7. Accountability.

Finally, the report discussed the types of information needed to give a comprehensive overview of special education in Australia, in terms of the values put forward.

The Advisory Group strongly recommended that the Schools Commission initiate a survey of special education provisions, needs and gaps in provisions, and of the attitudes of interested parties, governments, education systems, teachers, parents, voluntary organizations, the helping professions and the public generally.

The Report of the Schools Commission submitted to the Commonwealth Government in April, 1978 advised its acceptance of the recommendations of the Advisory Group and instigation of a national survey. The aspirations of the Commission for the survey were clearly expressed in the report:

> " It will examine the perceptions about needs and useful developments of parents and students using special provisions, and of teachers, as well as of those providing them and of those especially knowledgeable in the area. It could throw light on degrees of association desirable and possible, within the conditions prevailing in schools, between handicapped students and students in regular classes. It could indicate the back-up services and features existing in schools which characterise the more successful efforts to accommodate in regular classrooms some students previously accommodated in special facilities. It could analyse these issues in the light of paramount interest of the child and provide useful pointers to future policies. It could examine feasible ways of obtaining consistency in all Commonwealth funding for special education and provide a useful means of directing attention to needs in a more specific way than is presently possible, and to qualitative improvements which national policies could assist in advancing. " *(Schools Commission, 1978, p.112)*.

1.3 THE SURVEY

The Fred and Eleanor Schonell Educational Research Centre agreed to a request from the Schools Commission to conduct a survey of special education in Australia, in May, 1978. It was planned that the survey would be completed in the shortest possible time, and the resulting report would discuss fully special education provisions, needs and priorities in Australia.

1.4 AIMS

The broad aims of the survey were as follows:

(a) To describe the numbers and types of handicapped children in Australia in both special and regular schools, and ascertain the extent of students with learning and behavioural difficulties in regular schools.

(b) To review the provisions made for handicapped and learning-disabled students in Australia, and the philosophical, legislative and administrative bases for such provisions.

(c) To describe special education provisions in Australia, and identify gaps in services and areas of need.

(d) To recommend on the future development of educational and related services for handicapped and learning disabled children, and suggest priorities for action.

1.5 METHODS OF DATA COLLECTION

Basing its procedures on the Report of the Advisory Group, the survey employed a number of techniques to compile a comprehensive description of special education in this country:

1. Requests were made to education departments and other major providers of special education programs to supply details of their facilities and services. In a second phase of data collection with these groups, data and comment on a wide range of ideas were sought to assist in the compilation of a national data base on special education in Australia. This information gathering was complemented by visits to education, health, and welfare authorities, during which visits discussions were held on the philosophy, style and scope of the special education programs administered by each system and in each state.

2. Surveys were undertaken of all primary and secondary schools in Australia, and of government and non-government special schools and teachers.
3. Following consultation with the Australian Council for Educational Research, a sample of regular primary and secondary schools was drawn from each of the states and territories. Questionnaires were employed to obtain data from the administrators of these schools about children with special learning needs and the services provided for them.
4. The views of parents of children attending regular and special schools were sought so that their perceptions and opinions could be considered.
5. Specific information on the teacher education activities of Universities and Colleges of Advanced Education, areas of concern to professional groups and interest groups in all matters pertinent to special education were obtained, as well as views on important issues and information on data sources known to them.
6. An invitation was extended to members of the public to provide the survey with information and opinion.

1.6 PROCEDURES FOLLOWED

As indicated in the last section, the major task of collecting data and information from schools was undertaken by employing a series of questionnaires. These were as follows:

(a) A questionnaire forwarded to all primary and secondary schools in each state and territory to provide a total census of identified handicaps among students in regular schools, and the resources schools have to meet their needs.

(b) A questionnaire forwarded to a sample of approximately 800 primary and secondary schools in all states and territories to provide information on the extent of students with learning and behavioural difficulties in regular schools, and the resources schools have to meet their needs.

(c) A questionnaire forwarded to all government and non-government special schools in Australia to provide data on special schooling for handicapped students.

(d) A questionnaire sent to a sample of teachers in government and non-government special schools to provide information on the qualifications and experience of special education teachers.

(e) A questionnaire, similar to that referred to in (c) above, forwarded to special classes/units attached to regular schools.

(f) A questionnaire, similar to that referred to in (d) above, forwarded to a sample of teachers in special classes/units.

Table 1.1 presents the response levels for the above questionnaires, by state and for all states and territories combined. Further elaboration on response rates occurs in later chapters.

Table 1.1

Response levels for questionnaires employed in obtaining information from schools

State or territory	Questionnaire	Approx. no. sent	No. received	Percent response
New South Wales	a	2888	1369	47.4
	b	100	36	36.0
	c	156	71	45.5
	d	468	96	20.5
	e	444	-	-
	f	444	-	-
Victoria	a	2679	1333	49.8
	b	100	32	32.0
	c	154	84	54.5
	d	462	176	38.1
	e	Not applicable		
	f	Not applicable		
Queensland	a	1514	904	59.7
	b	100	50	50.0
	c	78	56	71.8
	d	234	155	66.2
	e	26	18	69.2
	f	26	18	69.2
South Australia	a	848	540	63.7
	b	100	40	40.0
	c	38	22	57.9
	d	114	49	43.0
	e	126	60	47.6
	f	126	57	45.2

cont...

Table 1.1 cont.

State or territory	Questionnaire	Approx. no. sent	No. received	Percent response
Western Australia	a	827	398	48.1
	b	100	51	51.0
	c	56	27	48.2
	d	168	43	25.6
	e	100	37	37.0
	f	100	34	34.0
Tasmania	a	303	178	58.7
	b	100	41	41.0
	c	17	15	88.2
	d	51	30	58.8
	e	85	18	21.2
	f	85	19	22.4
Northern Territory	a	124	21	16.9
	b	118	14	11.9
	c	3	1	33.3
	d	9	2	22.2
	e	Not applicable		
	f	Not applicable		
Australian Capital Territory	a	110	59 *	53.6
	b	110	62 *	56.4
	c	14	7	50.0
	d	42	11	26.2
	e	22	12	54.5
	f	22	12	54.5
AUSTRALIA	a	9293	4802	51.7
	b	828	326	39.4
	c	516	283	54.8
	d	1548	562	36.3
	e	803	145	18.1
	f	803	140	17.4

* includes preschools

To obtain information from professional, parent and interest groups, as well as individuals, submissions were publicly invited during the early weeks of the survey program. The announcement of the survey, and a call for submissions, specifically sought data and information relevant to the survey, especially about handicapped children whose needs were not being met, including isolated, homebound and profoundly handicapped children. Evidence was also sought on the adequacy of existing educational services and of support services to parents and teachers. The views of handicapped persons, parents of handicapped children or of children experiencing learning difficulties, and of teachers and others who work with the handicapped were especially sought.

A further procedure followed was to seek consultations with a wide range of government departments, organizations, and parent groups in all states and territories. These consultations were intended to explore practical aspects of carrying out the survey, and to discuss issues and acquaint the researchers with the programs and/or interests of the agencies and organizations. Literature sought during these contacts included the following:

1. Pamphlets, booklets; statements on facilities, services, policy, philosophy, needs and priorities.
2. Reports of advisory groups, councils, committees of enquiry; ministerial reports to Parliament.
3. Research reports, evaluation studies.
4. Copies of the relevant Act/s of Parliament or portions of Act/s under which special educational provision is authorised.
5. Speeches, conference papers, journal articles; other documents relating to special education provision, philosophy, policy needs and priorities.

1.7 SURVEY OUTCOMES

It was planned that the survey would provide a firm base for planning and development of future policies in special education through the delineation of present practices at state and federal levels and discussion on future needs and priorities. Every effort has been made to give a national perspective on special education, recognizing the different administrative and organizational approaches which have been used among the states and territories.

It was hoped that the results of the survey would provide a blueprint for the development of services, to be applied at the discretion of each of the states and territories. Nationally, it should provide an authoritative description of special education provisions, needs and priorities which can be used by federal bodies for consultation and funding purposes.

Chapter 2

THE DEVELOPMENT OF SPECIAL EDUCATION PROVISIONS IN AUSTRALIA

2.1 INTRODUCTION

Any review of the development of special education needs to recognize the early efforts of voluntary organizations and individuals acting independently of formal government provisions for handicapped children and adolescents. It is, of course, widely acknowledged that voluntary organisations have played a major role in providing education services for the handicapped, as well as employment opportunities. In a description of the sequence of events in history which lead from rejection of handicapped persons by society to their acceptance and integration into community living, Lowenfeld (1968) demonstrated the capacity of some groups of handicapped persons to emancipate or free themselves from social rejection. These groups included the blind and the deaf, who were among the first to achieve education and acquire high levels of skill, by which social acceptance is obtained, and by which attention was directed to the remedial nature of the disabilities experienced by those with sensory handicaps. In contrast, Lowenfeld implied that the mentally handicapped are not in a position, due to the nature of their particular disability, to achieve such emancipation through their own efforts, and are dependent upon forces within society to assist them towards community integration. It is this role that has been played effectively at different periods of history by voluntary organisations, including the development of education services for handicapped groups in Australia.

By the late eighteenth century, institutions for the deaf and dumb and the blind began to appear in the United Kingdom set up by voluntary organisations. By the mid 19th century the first such institutions for the mentally retarded were established, largely as the result of the enthusiasm and leadership of Andrew Reed and under the guidance of a voluntary committee set up for that particular purpose. Institutions for the handicapped, the result of charitable giving, were soon to be found among the rash of newly established orphan, industrial, ragged and reform schools. These early organisations set the pattern for much of the voluntary effort we know today.

It was during this period, in the early part of the nineteenth century, that the Australian colonies were establishing and it was to be expected that the colonists would seek to reproduce in this country much of what was happening in contemporary Great Britain. So it was that in 1860 institutions, including school programs, for the deaf and dumb were opened by voluntary associations in Sydney and Melbourne. An education program for the blind was added in the Sydney institution in 1869, while a separate group had set up a school for the blind in Victoria in 1867. Similar programs for both these groups opened in Adelaide in 1874 and in Queensland, Western Australia and Tasmania in the 1890s.

Although institutional care for the mentally retarded and mentally ill had been provided in most states earlier in the 1800s, records on both the Watt Street Hospital in Newcastle (1872) and Kew Cottages in Melbourne (1889) refer to the inclusion of a teacher in the first staff appointments. Likewise, Minda Home in Adelaide, Australia's only private or voluntary-based large charitable institution,set up in 1898 for the mentally handicapped, also included a teacher in early staff appointments. In the case of Kew Cottages, a school was not added to the services provided until 1929.

It should be noted that the 1890 Education Act in Victoria gave the government of that state power to establish special schools. This legislative provision was first exercised with the establishment of a hospital school. But this was not Victoria's first special school. In 1897 a "school for backward and exceptional children" began at Moonee Ponds,under the direction of Miss Laeta Fishbourne and supervised by her father, Dr. Fishbourne. The school catered for dull and backward children.

2.2 SOME HISTORICAL MILESTONES

Other early developments in special schooling in Australia included the following:

1903-4	Royal Commission Reports, N.S.W.,led to recommendations for the establishment of special schools for the feeble-minded.
1906	Medical inspection of school children introduced in Western Australia.

1910	Parents of blind, deaf, physically and mentally defective children in Victoria required to provide education for them.
1910	First class for defective (subnormal) children in Western Australia.
1913	First government special school for the retarded established in Victoria.
1916	First conference of Directors of Education in Australia discussed the needs of the mentally handicapped.
1923	A psychological laboratory and child guidance clinic set up at Teachers' College, Melbourne.
1923	First classes for backward children in Queensland.
1923	Classes for mentally retarded children established at the Lorna Hodgkinson Home, Sydney.
1927	Glenfield Special School (residential) established in New South Wales for slow learners and mildly mentally retarded children.
1929	Wilson Ophthalmic School and Hostel opened, Brisbane.
1939	The Australian Association for Teachers of the Deaf, founded in 1935, introduced a diploma qualification for training of teachers of the deaf.

2.3 GOVERNMENT AND VOLUNTARY PROVISION

However, in this pre-World War 2 period, state Education Departments generally gave only scant attention to the mentally retarded child while the immediate post war period saw their attention being directed largely to the educational needs of the mildly mentally handicapped. This trend was especially evident in the three more populous states of New South Wales, Victoria, and Queensland.

As if in response to this situation, the late 1940s and the 1950s saw the newly formed voluntary movement take up this task.

Data presented in Chapter 5 of this report indicate the efforts made by these groups in the 1950s and 1960s for mentally retarded children; but we can also note that of all government schools in Australia providing special education in 1973 for non-mentally handicapped children, two-thirds (67%) reported that their establishment was the result of or was built on the work of a voluntary organisation (Andrews, 1974).

The following illustration, based on the beginnings of education for blind and deaf children in Queensland, typifies this development. Educational and vocational assistance for these disabled persons began in Queensland in 1883, largely through the efforts of J.W. Tighe, who was himself blind. Tighe gathered a group of blind men together at his home in the suburbs of New Farm and provided work for them, principally in the making of halters. In 1886 the State Government gave an interest group 10 acres of land in Cornwall Street, South Brisbane for building purposes, and the Department of Public Instruction also placed on their estimates the sum of £80 towards the salary of a teacher for the blind.

In 1890, an appeal was made for the erection of a special school and residential accommodation for the blind, the State Government having agreed to contribute half the required amount. In the meantime, it had become increasingly apparent that deaf and dumb children were also in need of assistance, so that when the school opened in 1893 it was known as the Queensland Blind, Deaf and Dumb Institution, and it catered for 20 deaf children and blind children. From its inception, the State Government subsidized the running of the school - in 1895 it agreed to contribute £2 for every £1 raised from the public on behalf of the Institution. Meanwhile, a permanent workshop for the blind had been set up in New Farm, which was also subsidized by the State Government.

The control of the Blind, Deaf and Dumb Institution passed from the voluntary Board of Management to the Department of Health and Home Affairs in 1918, and in 1931 control was transferred to the Department of Public Instruction. As for legislation, 1924 saw the passing of "The Blind, Deaf and Dumb Children Instruction Bill". This Bill made the compulsory education clauses of the Queensland Education Act of 1895 applicable to deaf children and blind children.

2.4 GROWTH IN SPECIAL EDUCATION PROVISION

The growth in special schooling in Australia in the two decades immediately after World War II is well illustrated by Wood (1966). His data, derived from recent publications and an Australian College of Education study is incorporated in Table 2.1, but did not include children in hospitals or at home. The data indicate some of the major characteristics of special education during the period, although differences in organization of special schooling among the states are not illustrated. The almost total use of segregated special schools for deaf, blind and physically handicapped children is apparent, as too is the

Table 2.1

Expansion of special education in Australia, 1946-1966*
Numbers of special schools, classes and enrolments

Special schools or classes for -	1946		1956		1966	
	No.	Enrolment	No.	Enrolment	No.	Enrolment
Educable mentally retarded						
(a)	13	631	19	1223	35	3033
(b)	55	1215	150	2385	255	5171
Totals:		(1846)		(3608)		(8204)
Trainable mentally retarded						
(a)	1	60	37	1512	87	4034
(b)	-	-	19	158	61	670
Totals		(60)		(1670)		(4704)
Deaf:						
(a)	7	311[1]	14	1103	14	1343
(b)	-	-	-	-	-	-
Totals		(311)		(1103)		(1343)
Partially deaf:						
(a)	-	-	-	-	-	-
(b)	-	-	21	444	40	851
Totals				(444)		(851)
Blind:						
(a)	6	100	8	307	9	354
(b)	-	-	-	-	-	-
Totals		(100)		(307)		(354)
Partially sighted:						
(a)	1	25	-	-	1	40
(b)	2	20	6	78	22	218
Totals		(45)		(78)		(258)
Deaf-blind[2]						
(a)	-	-	-	-	-	-
(b)	-	-	-	-	4	6
Totals						(6)
Crippled, including cerebral palsied:						
(a)	8	337	26	1055	32	1793
(b)	-	-	-	-	1	5
Totals		(337)		(1055)		(1798)
Emotionally maladjusted:						
(a)	-	-	-	-	3	87
(b)	-	-	-	-	-	-
Totals						(87)

cont.

Table 2.1 cont.

Special schools or classes for -	1946		1956		1966	
	No.	Enrolment	No.	Enrolment	No.	Enrolment
Multiple-handicapped:						
(a)	-	-	-	-	1	24
(b)	-	-	-	-	-	-
Totals						(24)
Gifted:						
(a)	-	-	-	-	-	-
(b)	26	910	32	1093	40	1400
Totals		(910)		(1093)		(1400)
Totals:						
(a)	36	1464	104	5200	182	10708
(b)	83	2145	228	4158	423	8321
Totals		(3609)		(9358)		(19029)

(a) Special schools or centres.
(b) Classes attached to primary and secondary schools.

[1] Figures were unavailable in two States

[2] Indicates situation in one State operating also as a teacher training unit.

* Adapted from Wood (1966)

major use of special classes for partially deaf and sighted children, and gifted children. The development of education programs for groups not previously provided for is shown in the case of partially sighted, deaf-blind, emotionally disturbed and multiply handicapped children.

The small group of multiply handicapped children in 1966 attended a voluntary association school in Queensland, while the classes for gifted children recorded in Table 2.1 were in New South Wales, which had since 1932 formed special classes for the gifted in the fifth and sixth grades.

The broad trends in the above information, in respect to growth in the number of students enrolled in these facilities, were illustrated in a survey of the development of special schools undertaken by Andrews in 1973. Figure 2.1 shows the pattern of establishment of special schools in Australia from the 1910s to the 1970s, for various groups of handicapping conditions and states. The very significant increase in school provision during the 1950s, 1960s and through the 1970s is well illustrated. Wood's (1966) data, and that reported in Chapter 5 of this report on the establishment of special schools, are illustrated in a similar way in Figure 2.2.

In addition to school establishment, the available figures for the enrolment of children and adolescents in special schools and classes also show this dramatic growth in provision. Table 2.2 provides this comparison.

Table 2.2

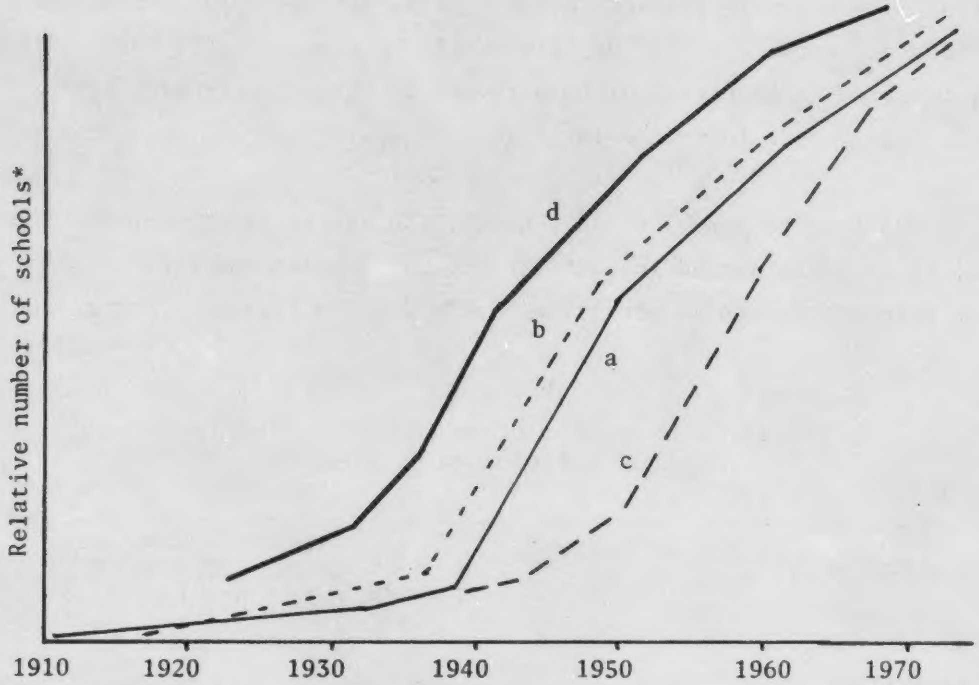
Growth in the number of students enrolled in special schools and classes

Year	Source	No. of special schools and classes	No. of students	Percent increase in number of students	
				Over previous decade	1946 as baseline
1946	Wood (1966)	119	3,609		
1956	Wood (1966)	332	9,358	159	159
1966	Wood (1966)	605	19,029	103	427
1976*	Schools Commission: Report for 1979-81	1804	35,268	85	877

* Data provided in the report of the Schools Commission for part-time special classes and visiting consultative services are not included in the figures given for 1976.

2.5 SUMMARY

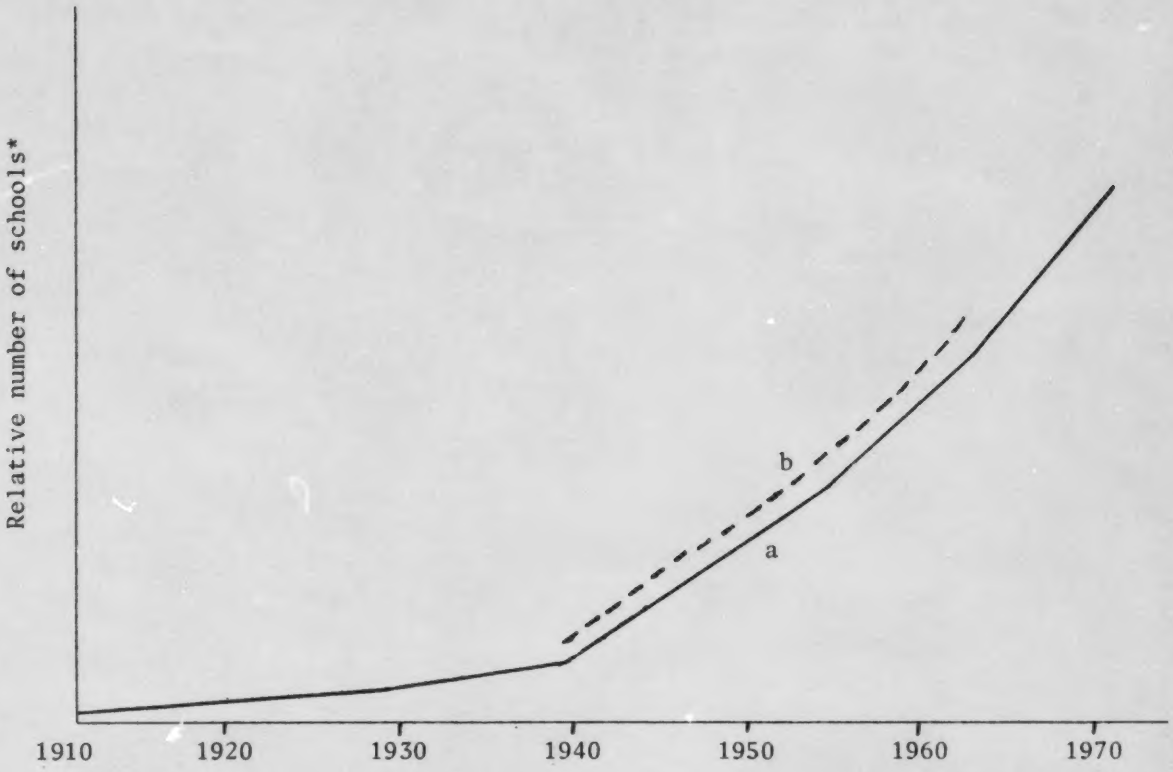
Further details of the number of special schools, classes, and services to handicapped students in regular schools, as provided in each state and territory in 1976, are included in Table 2.3



Key: a Mild to severe mental handicap - all states except SA.
b Moderate and severe mental handicap - NSW, VIC , QLD.
c Mild mental handicap - NSW, VIC , QLD.
d Physical handicap and behaviour disturbed - all states.

* The numerical index of schools differs for each curve.

Figure 2.1: The growth of special schools in Australia.
(Based on Andrews, 1974)



Key: a All schools for all disabling conditions - data from chapter 9.
b All special schools or centres - data from Wood (1966).

*Data from Wood were employed in curve b. Data from chapter 9 were prorated to establish curve a.

Figure 2.2: The growth of special schools and classes in Australia.

Table 2.3

Special education provision, Australia, August 1976

State or territory	Special schools			Full-time special classes			Part-time special classes			Consultative visiting teacher services		Non-government special schools		
	Number of schools	Enrolment	Teachers	Number of centres	Enrolment	Teachers	Number of centres	Enrolment	Teachers	Enrolment	Teachers	Number of schools	Enrolment	Teachers
NSW	96	6,401	639	361	6,403	482	-	13,688	457	1,150	55	64	1,670	250
VIC	69	5,256	941	5	30	10	99	2,382	244	422	90	68	2,720	427
QLD	43	3,604	445	28	543	65	139	1,545	139	657	14	28	1,117	116
SA	21	1,522	198	116	1,391	189	31	1,100	43	(a)	(a)	5	169	31
WA	29	1,480	160	71	1,170	86	45	960	42	304	(b)	10	166	36
TAS	14	808	90	8	135	37	13	79	44	1	8	-(c)	-	-
NT	1	12	2	15	170	17	16	1,440	18	(b)	11	-(c)	-	-
ACT	7	294	52	25	207	38	(b)	-	-	35	16	-(c)	-	-
Total:	280	19,377	2,527	629	10,049	924	343	21,194	987	2,569	194	175	5,842	860

(a) Included under part-time special classes

(b) Not available

(c) There are no non-government special schools in Tasmania, the Northern Territory or the Australian Capital Territory.

(Source: Schools Commission, Report for the Triennium 1979-81, April, 1978, page 181).

It was against this background that the present survey was undertaken. The development of special education provisions over many decades has been the result of the activities of both non-government and government agencies, and within government agencies by health and welfare authorities in addition to state Education Departments. This growth in numbers of schools and students has been accompanied by increasing activity in the provision of psychological and guidance services, remedial and resource teachers, therapist support and visiting teacher services. Further information on all these aspects is included in later chapters.

Chapter 3

THE ORGANIZATION AND PROVISION OF SPECIAL EDUCATION IN AUSTRALIA

3.1 INTRODUCTION

It is a truism to state that no clear picture exists of the organization of special education in Australia. Differences in philosophy, terminology and practice have been maintained over most of the time during which special education services have been provided. In recent years some attempts have been made to achieve some consistency across the nation. For example, heads of special education in each state have met several times to discuss issues of common concern. The Schools Commission has made initiatives in special education, notably special funding, support for teacher education and the formation of a Special Education Advisory Group. Professional associations of teachers and others working with handicapped children have mobilised across state boundaries, and the resulting communication has produced greatly increased mutual awareness of developments and practices in different education systems.

3.2 PHILOSOPHIES OF SPECIAL EDUCATION IN AUSTRALIA

Education Acts and systems in Australia are not known for the explicit expression of the philosophical bases for provisions and programs. It is more likely that statements of philosophy of special education, for example, can be identified as implicit in descriptive statements, or in reports of local or national meetings. As part of this project all state and territory special education sections were asked to confirm that their department accepted the philosophy of education for all children irrespective of the nature, degree or multiplicity of any handicaps. All did so, though some profoundly handicapped children may be thought ineducable. This basic tenet is to some extent reflected in statements by education authorities, even though it may not be explicit in the statements, or in legislation.

The following statements which relate to the implementation of such a philosophy, underlie this position. Some variations in approach will be noted, especially the limitation seen in South Australia in respect to the education of profoundly handicapped children, although no other authority commented specifically on this area. Chapter 10 comments in some length on this aspect.

New South Wales

"The New South Wales Department of Education recognises a number of groups of exceptional children and provides for their varying needs through special schools, special classes attached to normal primary or secondary schools, or by remedial/resource teaching to supplement the work of classroom teachers.

Underlying educational provision is the belief that each handicapped child should have opportunities to benefit from a general education to the maximum extent to which he is capable. For some children, schooling must include therapeutic elements, training the pupils to make the utmost use of certain limbs or of residual hearing. In some cases, special techniques must be learnt before academic learning can proceed. Because some children, especially the intellectually handicapped, will have limited vocational opportunities, their education has been given a prevocational bias, particularly in the last few years. Finally, there are social and emotional adjustments to be made, as the child learns to live with a handicap, and the school often plays a major role in assisting this development."

Victoria

"The Special Education branch provides a comprehensive network of services for intellectually, socially and emotionally, and physically and sensorily handicapped persons, together with remedial education services to schools.

Common to all facilities is the basic philosophy of early identification, with early intervention and prevention programs wherever possible.

Integration of handicapped children into normal schools where possible is an ultimate goal."

Queensland

"Every child needs:-

- to achieve independence and self-respect;
- to develop the ability to take part fully in social life; and
- to acquire skills for employment and maximum participation in the community.

Many children have special needs because of temporary or permanent handicapping conditions.

The Division of Special Education helps to cater for these special needs by providing support services to children, their teachers and their parents,enrolled in pre-schools, primary schools, secondary schools, technical and further education institutions, and special schools."

South Australia

"Special Education was defined by members of the biennial conference of Heads of Special Education (in the Australian states) as 'the provision of services to children needing assistance beyond that available in their regular classrooms and neighbourhood schools.' Like any definition a variety of interpretations is open to its users and services included or excluded will be determined by local history and current practice. In South Australia, the services covered by the definition include full-time and part-time classes within primary and secondary schools, special schools (some of which are on the same campus as regular primary or secondary schools), schools within hospitals and institutions, and a variety of support services to teachers, and children within regular schools and classes.

The services provided to particular children by Special Education are determined by educational needs rather than by medical or psychological categories. They include services to visually, hearing and physically impaired children, those with a variety of learning difficulties, moderately and severely retarded children, and those within institutions.

'Teacher provided' services are seen as irrelevant for 'totally dependent' children. These children are profoundly retarded and receive continuous nursing and para-medical care, and providers of appropriate education are seen, by the Department, to be nurses and often medical staff with parents as important contributors."

Western Australia

"The Western Australian Education Department provides a range of services for exceptional children. These services are provided in special schools, special units, and special classes, to cater for the intellectually and physically handicapped, the hearing impaired and the visually impaired. In addition, an extensive array of services are provided to cater for the range of learning disabled children with provision for assessment and programming advice by learning assistance teachers, and increasingly more specialised services by Regional Remedial Advisors, remedial classes and remedial clinics.

A specialised service is provided for isolated children through Chidley Centre and the Mobile Resource Unit.

The organisation of services in Western Australia is based on the principle of maximum useful association between all children with educational difficulties and others consistent with the interests of all children.

This principle is operationalised by various withdrawal organisational arrangements for children in remedial or special class situations, and when possible, all new special schools are being built adjacent to or on the same site as existing regular primary and secondary schools."

Tasmania

"The Tasmanian Education Department aims for the provision of 'equality of opportunity' - the means by which each child may realise his potential to the full.

The Department has developed a range of special education facilities to ensure that handicapped children may have the best possible opportunities to learn, whether they are retarded, intellectually limited, blind, deaf or otherwise physically handicapped.

The Department aims:-

- to enable as many as possible to be educated with other children in a normal school;
- to provide adequate and efficient special facilities for those who need them."

Australian Capital Territory

"The A.C.T. Schools Authority has adopted the position that every child has the right to an education that takes account of his or her needs. The aims of the Special Education Section of the A.C.T. Schools Authority is to ensure that children with special needs will be able to benefit from facilities and programs devised to cater for those individual needs.

A wide range of facilities covering the continuum from special residential care through special schools and classes to full integration in mainstream classes is possible in the Australian Capital Territory."

Northern Territory

"This territory seeks the integration of children and services into normal school programs but recognises that in special circumstances integration is a long term goal."

3.3 THE PATTERN OF SPECIAL EDUCATION PROVISION

The provision of education services to handicapped children in Australia presents a particularly complex pattern, in which state education, health and welfare agencies, non-government schools and voluntary associations, and commonwealth education and welfare departments may be directly or indirectly involved. The manner of delivery also ranges over a number of service types - from special schools, classes and units to visiting teachers, consultative and resource teachers and remedial resources within regular schools. There are also a number of ancillary services provided by state education authorities, and some non-government groups, which include clinical and guidance services, therapy, counselling, and curriculum development and media resources.

Figure 3.1 seeks to represent this delivery pattern.

3.4 THE ADMINISTRATION OF SPECIAL EDUCATION

State Education Departments include the administration of special education in their total organisational pattern in ways which reflect the basic administrative procedure each follows. In departments which are organised on a 'type of service' basis it is usual for a separate directorate of special education to be formed, with or without responsibilities which may include the provision of other 'special' services to schools generally.

Departments which follow an administrative pattern based on a schools directorate, with a companion resources directorate (and possibly others), locate the administration of special education within the schools directorate.

Following are representations of the administrative locations of special education in state and territory departments (Figure 3.2).

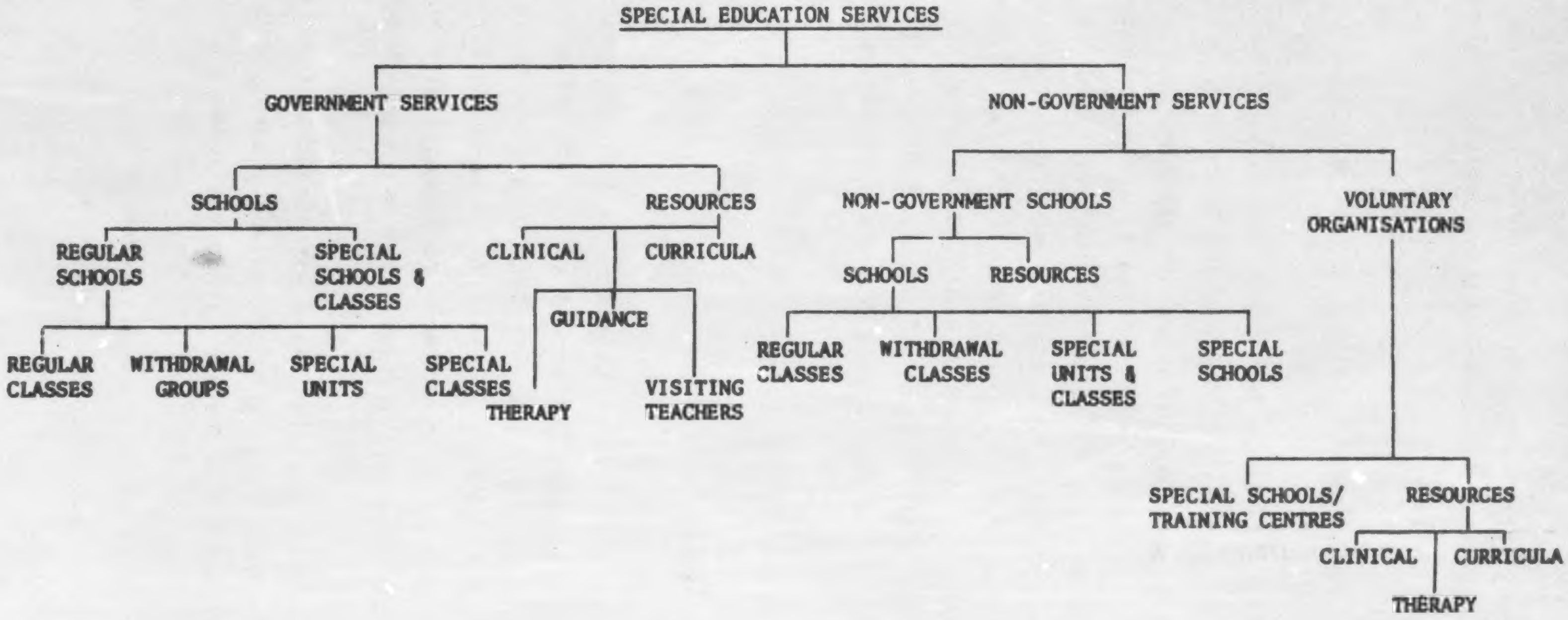

SPECIAL EDUCATION SERVICES
GOVERNMENT SERVICES
NON-GOVERNMENT SERVICES
SCHOOLS
RESOURCES
NON-GOVERNMENT SCHOOLS
VOLUNTARY ORGANISATIONS
REGULAR SCHOOLS
SPECIAL SCHOOLS & CLASSES
CLINICAL
CURRICULA
SCHOOLS
RESOURCES
GUIDANCE
REGULAR CLASSES
WITHDRAWAL GROUPS
SPECIAL UNITS
SPECIAL CLASSES
THERAPY
VISITING TEACHERS
REGULAR CLASSES
WITHDRAWAL CLASSES
SPECIAL UNITS & CLASSES
SPECIAL SCHOOLS
SPECIAL SCHOOLS/ TRAINING CENTRES
RESOURCES
CLINICAL
CURRICULA
THERAPY

Figure 3.1: The pattern of special education services in Australia.

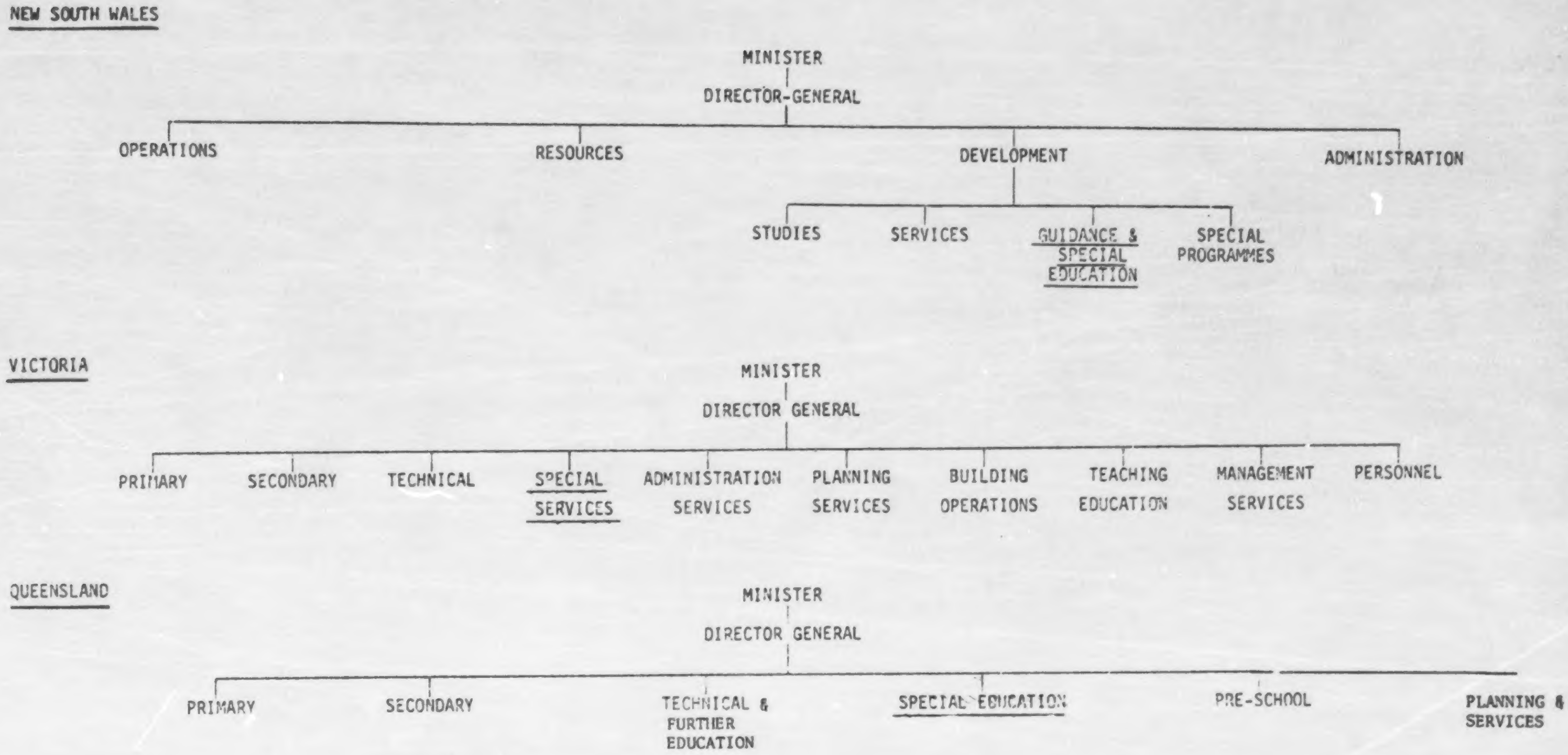
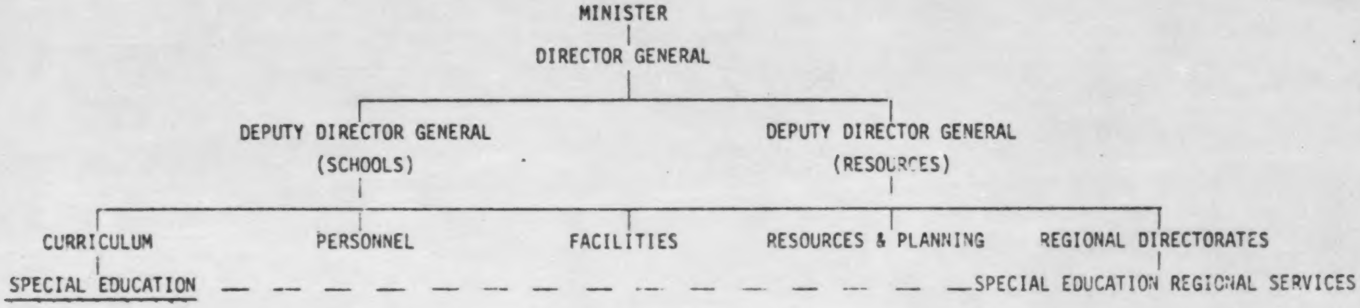
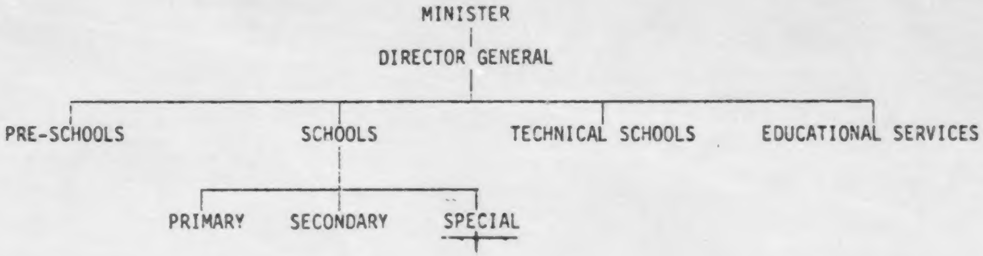

NEW SOUTH WALES
MINISTER
DIRECTOR-GENERAL
OPERATIONS
RESOURCES
DEVELOPMENT
ADMINISTRATION
STUDIES
SERVICES
GUIDANCE & SPECIAL EDUCATION
SPECIAL PROGRAMMES
VICTORIA
MINISTER
DIRECTOR GENERAL
PRIMARY
SECONDARY
TECHNICAL
SPECIAL SERVICES
ADMINISTRATION SERVICES
PLANNING SERVICES
BUILDING OPERATIONS
TEACHING EDUCATION
MANAGEMENT SERVICES
PERSONNEL
QUEENSLAND
MINISTER
DIRECTOR GENERAL
PRIMARY
SECONDARY
TECHNICAL & FURTHER EDUCATION
SPECIAL EDUCATION
PRE-SCHOOL
PLANNING & SERVICES

Figure 3.2 : Administrative location of respective special education sections in Education Departments

SOUTH AUSTRALIA


MINISTER
DIRECTOR GENERAL
DEPUTY DIRECTOR GENERAL (SCHOOLS)
DEPUTY DIRECTOR GENERAL (RESOURCES)
CURRICULUM
PERSONNEL
FACILITIES
RESOURCES & PLANNING
REGIONAL DIRECTORATES
SPECIAL EDUCATION
SPECIAL EDUCATION REGIONAL SERVICES

WESTERN AUSTRALIA


MINISTER
DIRECTOR GENERAL
PRE-SCHOOLS
SCHOOLS
TECHNICAL SCHOOLS
EDUCATIONAL SERVICES
PRIMARY
SECONDARY
SPECIAL

TASMANIA

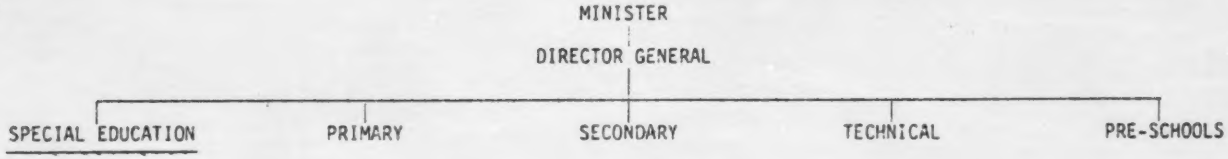
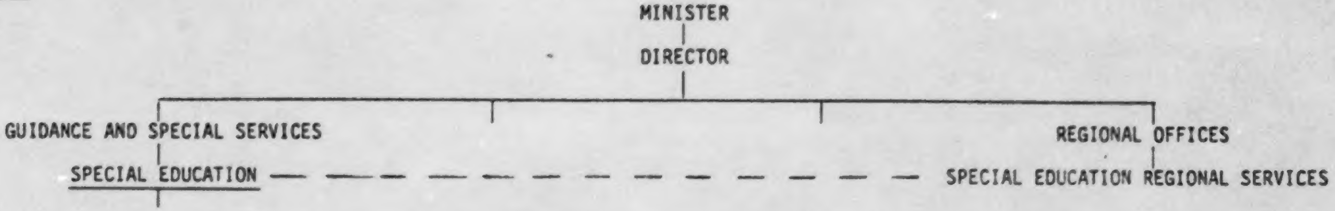
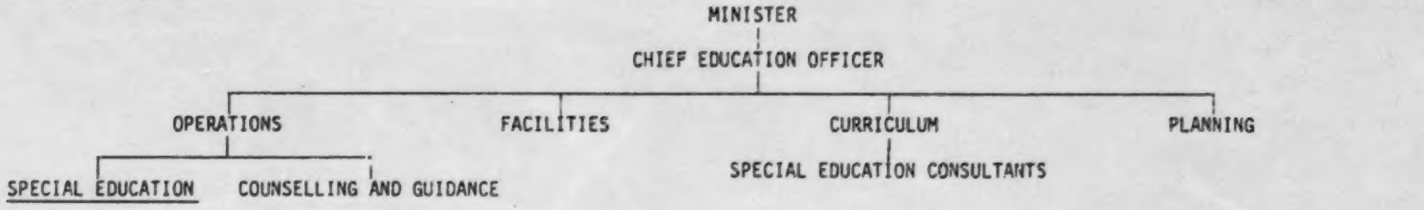

MINISTER
DIRECTOR GENERAL
SPECIAL EDUCATION
PRIMARY
SECONDARY
TECHNICAL
PRE-SCHOOLS

Figure 3.2 cont.

NORTHERN TERRITORY *


MINISTER
DIRECTOR
GUIDANCE AND SPECIAL SERVICES
REGIONAL OFFICES
SPECIAL EDUCATION
SPECIAL EDUCATION REGIONAL SERVICES

AUSTRALIAN CAPITAL TERRITORY


MINISTER
CHIEF EDUCATION OFFICER
OPERATIONS
FACILITIES
CURRICULUM
PLANNING
SPECIAL EDUCATION
COUNSELLING AND GUIDANCE
SPECIAL EDUCATION CONSULTANTS

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* See also Appendix B.

(See p. 311 for explanatory note. Appendix B in this volume appears as Appendix C in the first edition of this report.)

Figure 3.2 cont.

Within special education administration sections, the organisation of the special education program also varies. In some states inclusion of guidance and counselling services with special education is practised; in other states there are separate administrative structures for these two functions. Again, the different administrative approach by departments with a schools directorate can be seen (Figure 3.3). Increased responsibility at the regional level for special education services exists in some states where regionalization is firmly established.

3.5 GENERAL POLICIES GOVERNING SPECIAL EDUCATION PROVISION

1. *Age group eligible for special education services*

Table 3.1 summarises data received on age and eligibility for special services. The general trend is for increased availability of these services to younger children.

2. *Assessment and placement policies*

All states have indicated that they have as their policy the placement wherever possible of as many children with handicaps within regular schools. Table 3.2 summarises some of the points made by departments on special placement.

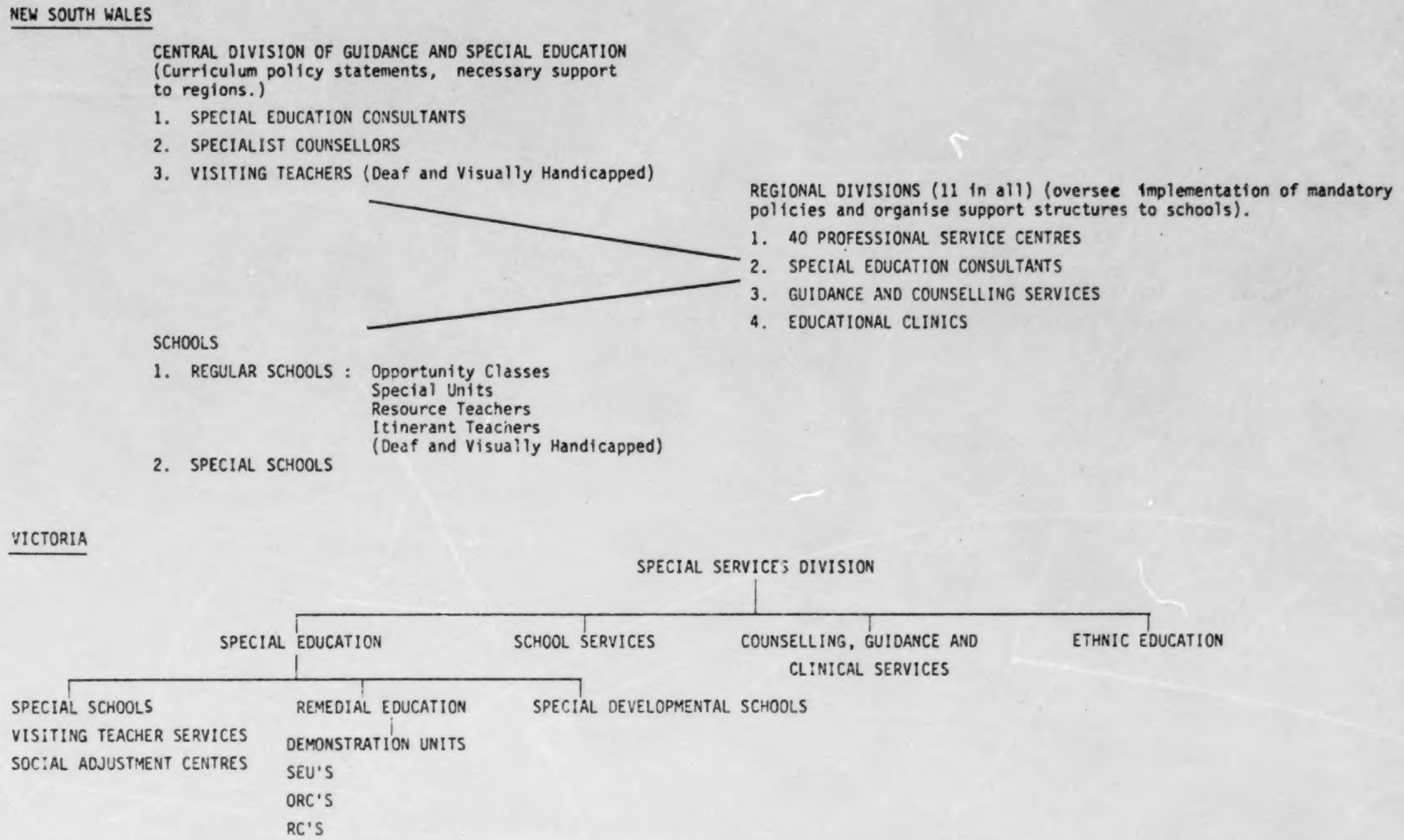
New South Wales

"The New South Wales Department of Education seeks to maintain as many children with handicaps as possible in regular schools.

All special placements are the responsibility of Guidance and Special Education either at the Regional or Divisional level. A school counsellor assesses the needs of the child referred by the school, parent or other agency. If special placement is advised responsibility for this passes to the Adjustment Section. Committees of Review which meet regularly have been established for some years to oversee the continuing suitability for sensorily impaired children of enrolment in special schools and classes, and such committees are being increasingly formed to review placement and programs for other groups of handicapped pupils."

Victoria

"Placement in regular schools, wherever possible, is practised."



NEW SOUTH WALES

CENTRAL DIVISION OF GUIDANCE AND SPECIAL EDUCATION
(Curriculum policy statements, necessary support to regions.)

1. SPECIAL EDUCATION CONSULTANTS
2. SPECIALIST COUNSELLORS
3. VISITING TEACHERS (Deaf and Visually Handicapped)

REGIONAL DIVISIONS (11 in all) (oversee implementation of mandatory policies and organise support structures to schools).

1. 40 PROFESSIONAL SERVICE CENTRES
2. SPECIAL EDUCATION CONSULTANTS
3. GUIDANCE AND COUNSELLING SERVICES
4. EDUCATIONAL CLINICS

SCHOOLS

1. REGULAR SCHOOLS : Opportunity Classes
   Special Units
   Resource Teachers
   Itinerant Teachers
   (Deaf and Visually Handicapped)
2. SPECIAL SCHOOLS

VICTORIA

SPECIAL SERVICES DIVISION

SPECIAL EDUCATION
SCHOOL SERVICES
COUNSELLING, GUIDANCE AND CLINICAL SERVICES
ETHNIC EDUCATION

SPECIAL SCHOOLS
VISITING TEACHER SERVICES
SOCIAL ADJUSTMENT CENTRES

REMEDIAL EDUCATION
DEMONSTRATION UNITS
SEU'S
ORC'S
RC'S

SPECIAL DEVELOPMENTAL SCHOOLS

Figure 3.3: Location of special education administration and schools in each state and territory.

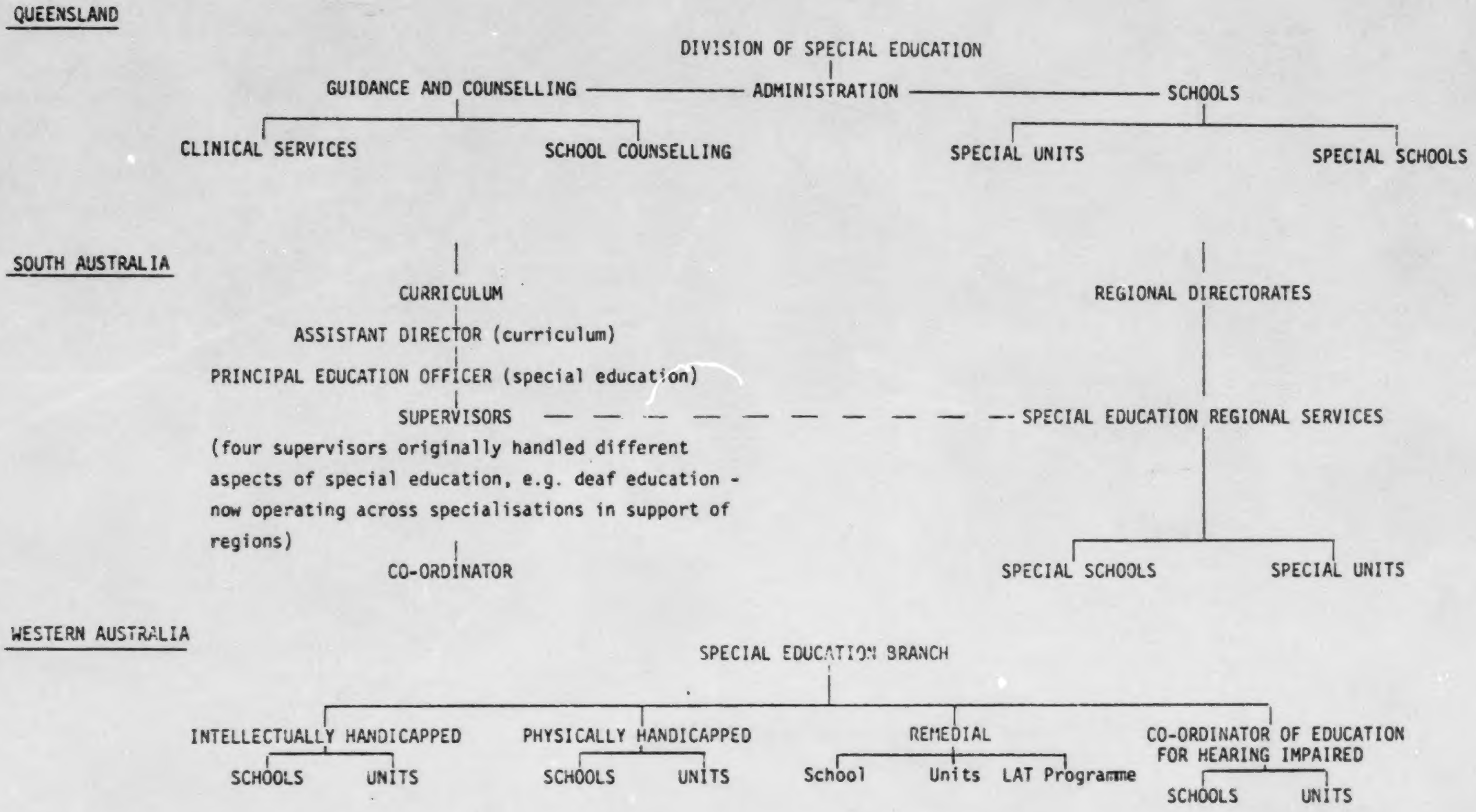

QUEENSLAND
DIVISION OF SPECIAL EDUCATION
GUIDANCE AND COUNSELLING
ADMINISTRATION
SCHOOLS
CLINICAL SERVICES
SCHOOL COUNSELLING
SPECIAL UNITS
SPECIAL SCHOOLS
SOUTH AUSTRALIA
CURRICULUM
ASSISTANT DIRECTOR (curriculum)
PRINCIPAL EDUCATION OFFICER (special education)
SUPERVISORS
(four supervisors originally handled different aspects of special education, e.g. deaf education - now operating across specialisations in support of regions)
CO-ORDINATOR
REGIONAL DIRECTORATES
SPECIAL EDUCATION REGIONAL SERVICES
SPECIAL SCHOOLS
SPECIAL UNITS
WESTERN AUSTRALIA
SPECIAL EDUCATION BRANCH
INTELLECTUALLY HANDICAPPED
SCHOOLS
UNITS
PHYSICALLY HANDICAPPED
SCHOOLS
UNITS
REMEDIAL
School
Units
LAT Programme
CO-ORDINATOR OF EDUCATION FOR HEARING IMPAIRED
SCHOOLS
UNITS

Figure 3.3 cont.

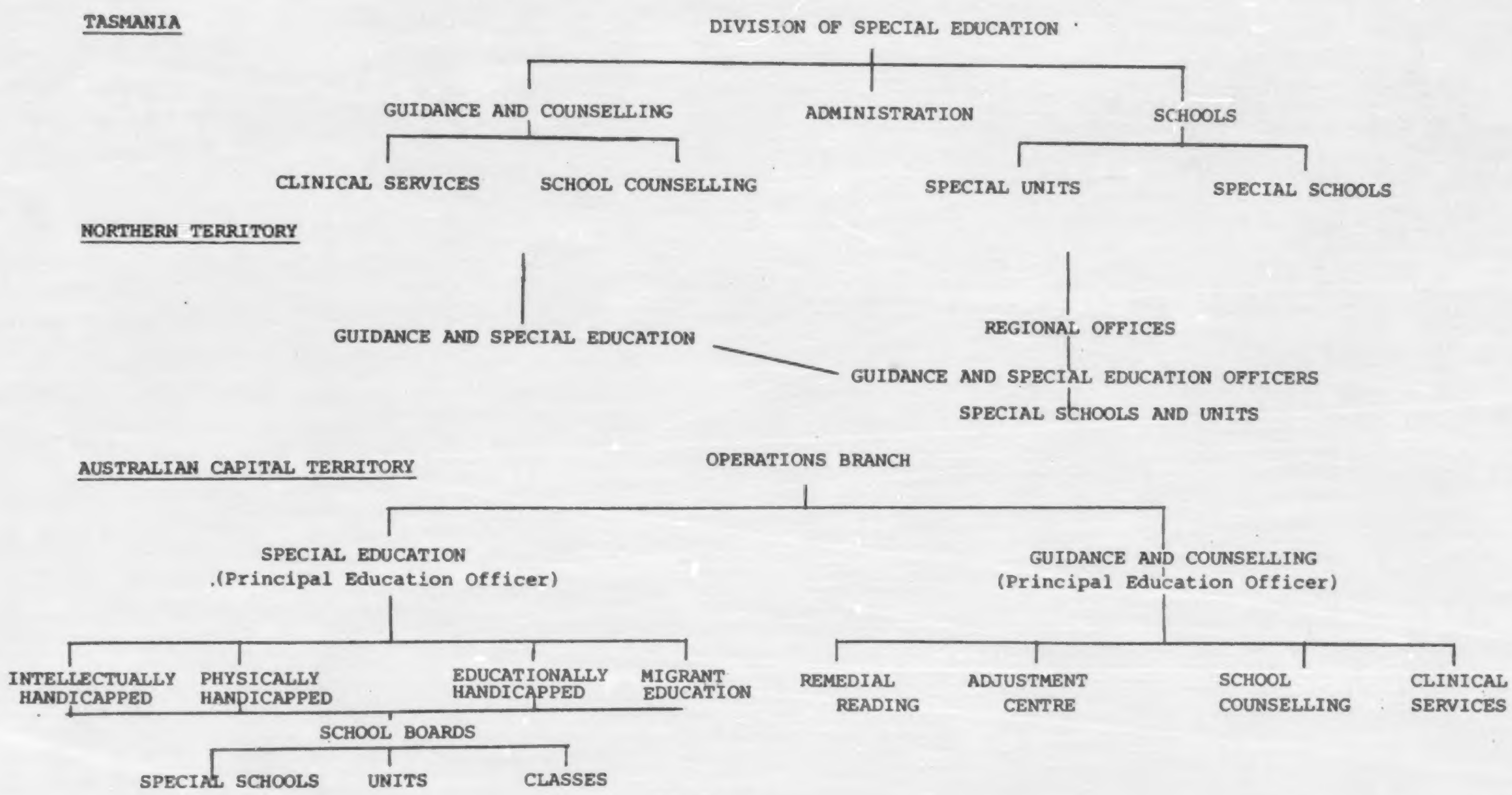

TASMANIA
DIVISION OF SPECIAL EDUCATION
GUIDANCE AND COUNSELLING
ADMINISTRATION
SCHOOLS
CLINICAL SERVICES
SCHOOL COUNSELLING
SPECIAL UNITS
SPECIAL SCHOOLS
NORTHERN TERRITORY
GUIDANCE AND SPECIAL EDUCATION
REGIONAL OFFICES
GUIDANCE AND SPECIAL EDUCATION OFFICERS
SPECIAL SCHOOLS AND UNITS
AUSTRALIAN CAPITAL TERRITORY
OPERATIONS BRANCH
SPECIAL EDUCATION (Principal Education Officer)
GUIDANCE AND COUNSELLING (Principal Education Officer)
INTELLECTUALLY HANDICAPPED
PHYSICALLY HANDICAPPED
EDUCATIONALLY HANDICAPPED
MIGRANT EDUCATION
SCHOOL BOARDS
SPECIAL SCHOOLS
UNITS
CLASSES
REMEDIAL READING
ADJUSTMENT CENTRE
SCHOOL COUNSELLING
CLINICAL SERVICES

Figure 3.3 cont.

Table 3.1

Age of enrolment in special education services

Disability area/Type of school	General enrolment age for Special Education service	Varied in some instances to:	Special features
New South Wales			
Developmentally slow	8+ years		The upper age limit in New South Wales is expressed as conclusion of secondary schooling
Moderate-severe mental handicap	6 - 16 years	18 years	
Hearing handicap	4½+ years	3+ years	
Visual handicap	5+ years	3+ years	
Victoria			
All areas	4½ - 16 years	3½+ years	Some work education and vocational training beyond 16 years. For the intellectually handicapped government policy is to extend the age range from 0 - 21 years.
Queensland			
All areas	3½ - 16 years	include younger children	Some programs for very young infants.
South Australia			
All areas	5 - 19 years	include younger children	Enrolment in regular school for a period is encouraged. Sensorily handicapped children assisted below 5 years.
Western Australia			
All areas	6 - 18 years	birth onwards	Visiting Teacher Service for children at home or in hospital from year 1.
Tasmania			
Slow learners	5 - 17 years		Children with adjustment problems are assisted on a short-term basis from 5 - 16 years at the Assessment Clinic and two other centres.
Mental handicap	4 - 18 years		
Hearing handicap	4 - 16 years		
Visual handicap	3 - 12 years		
Physical handicap	3 - 16+ years		
Northern Territory			
Senior special schools	12 - adult		A co-operative program with the Spastic Centre for cerebral palsied children aged 0 - 2½ years.
Junior special schools	5 - 12 years		
Pre-school	2½ - 6 years	birth onwards	
Australian Capital Territory			
Special schools	3 - 18+ years	birth to 3 years	Programs at Therapy Centre, staffed jointly by the ACT Schools Authority and the Capital Territory Health Commission, are conducted for children 0 - 3 years.
Units in regular schools	5 - 16 years		

Table 3.2

Placement of handicapped children

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
In regular school if possible ?	yes	yes	yes	yes	yes	yes	yes	yes
Placement the responsibility of Guidance and Counselling Services?	yes	yes, although Mental Health Authority can place in schools or institutions	yes, although emotionally disturbed children need not be placed by Guidance	yes	yes	No, regional transfer committee	yes	yes
Formal review mechanism for continuing placement ?	yes, although not completed for intellectually handicapped	no	no	no	yes		yes	yes
Is parental consent to special placement necessary ?	yes	yes	yes	yes	yes	yes	yes	yes

Queensland

"Children are maintained in regular schools until such time that it is felt the child would be better placed in a special school. Referral can be made to the Regional Guidance Officer in the Special Education Branch by the school, the parent or agencies which have obtained the consent of the parent. A guidance officer assesses the child and following discussion with the parents and school personnel, the parent agrees to the child's placement in a special school.

Guidance officers regularly visit special schools, and decisions as to the suitability of the special school placement are constantly reviewed."

South Australia

"Admission to special schools is only if necessary. Change of placement is practiced but no review mechanism exists unless a review is specifically initiated. Parent agreement to placement is necessary."

Western Australia

"Placement of handicapped children in regular schools is practised whenever possible.

Normal procedures leading up to placement include:

(a) Referral - for investigation which may come from the school, the parent, other professional or other agency

(b) Assessment - an individual psychological service is provided by Guidance Branch

(c) Discussion - with interested persons, parents, school principals, teachers, guidance officers, Special Education personnel, other agencies, on the most appropriate educational facility for the child. (In some cases, an exemption from school attendance may be recommended).

Broad guidelines are laid down for admission of children to Special Educational facilities but criteria (e.g. mental levels of Heber classification) are being regarded much more flexibly."

Tasmania

"Tasmania also seeks to maintain as many children with handicaps as possible in regular schools.

Regional Transfer Committees deal with transfer into, between, or out of Special Schools and Special Classes under the control of special education. The basic aim is to ensure that children are placed according to their needs.

Decisions are made after consultation with people concerned with the child - school principal, guidance officer, medical officer, social worker or welfare officer, other specialists involved (special teachers, psychiatrists etc), classroom teachers, parents.

For pre-school age children attending the Language Unit attached to St Michael's School, children are assessed at the Assessment Centre. Referral may be made by doctors, parents, psychologists, teachers, pathologists and para-medical personnel. Following a full assessment the child may be admitted to the unit through the Regional Transfer Committee.

Enrolments to the Royal Derwent School may be authorised on the advice of the Medical Administrator of the Royal Derwent Hospital. Children in the hospital have been referred by medical practitioners, social welfare, children's welfare, or placed there as wards of state."

Northern Territory

"Placement in regular schools, wherever possible, is practised. A panel of review is involved in admission and placements. This meets each 6-12 months for all children, except new enrolments when it reviews the placement after 3 months. The Guidance and Counselling service is involved in placement and review."

Australian Capital Territory

"Placement in regular schools, wherever possible, is practised. A procedure exists for regular review based on the Counselling Service, which also has responsibility for assessment, placement and discharge with involvement of the special education section.

All children who are in Special Education Classes/Schools have their programs, progress and placement reviewed by a panel of review twice a year. The panel is chaired by the assistant principal, Guidance and Counselling Section, and attended by the principal or assistant principal, Special Education, school counsellor, school principal, and the child's teacher(s). On occasion a welfare worker, medical practitioner, speech/occupational therapists, remedial gymnasts, home visits counsellor/teacher, or psychiatrist will attend as appropriate."

3.6 BROAD DESCRIPTIONS OF CURRENT PROVISIONS

New South Wales

"The Education Department of New South Wales makes educational provision for children with special needs through a broad range of schools and programmes, as follows:

1. Intellectually Handicapped Children
    - (a) The majority of mildly handicapped children are located in special classes in regular schools; others are enrolled in special schools or in regular classes with resource teacher help.
    - (b) Moderately mentally handicapped children may also be catered for in special classes within regular schools, but the majority are in separate schools, some of which are operated by voluntary organisations. By mid 1979, 23 voluntary association schools had elected to transfer responsibility to the Department of Education.

2. Physically Handicapped Children

The majority of physically handicapped children are located in separate special schools. Where possible, however, these children are integrated into regular schools.

3. Visually Impaired Children

Through the use of low vision aids and appropriate illuminations, those children needing such placement are educated in special classes attached to regular schools. The majority of visually handicapped children are provided for in regular classes with the help of itinerant teachers of the visually handicapped.

4. Blind Children

Blind pupils are generally given their basic skills in numeracy, literacy and braille reading in a special school. Some remain in the segregated situation but the majority pass into the regular school with back-up assistance provided by the Itinerant Teacher Service

5. Deaf Children

Approximately one third of students are in special class situations, about one third in a separate school, and about one third in regular schools with itinerant teacher of the deaf support.

6. Deaf-Blind Children

Except for one class in a regular school and a few children in Health Commission and voluntary agency residential situations, these children are educated in a special school.

7. Emotionally Handicapped

Adjustment classes is regular schools, or special schools, are provided for emotionally disturbed children.

8. Educationally Handicapped Children

Seen as having remedial education needs, the majority of these pupils receive part-time special help at their home school.

The Education Department in New South Wales sees the training of teachers, early childhood education and parent guidance and support, and vocational, occupational and leisure programmes as high priorities for future development. Other aspects for future development include increased allied health personnel support to special schools, consultative/advisory services to voluntary association schools and those providing for handicapped children in Health Commission and Department of Youth and Community Services program curriculum development, assumption of responsibility for voluntary association schools who elect to seek this action, and development of work experience programs.

In New South Wales, non-government agencies make provision for some moderately and severely intellectually handicapped children and for some sensorily handicapped (visually impaired and deaf)."

Victoria

"Special education services in Victoria under the control of the State Education Department operated through a Division of Special Education Services administered by an assistant director (special education). Ministerial responsibility is vested in the Minister for Special Education, who has established a statutory Council for Special Education to advise him. The following range of provisions is made.

1. Intellectually Handicapped Children

(a) Day special schools

Pupils recommended for placement in these schools are considered unlikely to profit from instruction in ordinary schools.

(b) Institutional schools conducted in conjunction with the Mental Health Authority. Responsibility for the education of all severely intellectually handicapped has recently been vested in the education department. Some schools currently operate in institutions for the mentally handicapped.

(c) Special development schools (formerly day training centres). These centres represent an extension of the education department's commitment to the intellectually handicapped. Such centres were formerly administered by voluntary management committees with the support of the Mental Health Authority. Special development schools, in additional to day special schools, also provide cradle roll and home visitation programs on a sessional basis.

(d) Special facilities units

These units consist of trained specialist staff appointed in excess of normal staffing schedules to selected special schools for intellectually handicapped children for the purpose of providing support to teachers of intellectually handicapped students located in regular schools in close proximity.

2. Physically Handicapped Children

(a) Day Special Schools

This group of schools includes provision for the education of children with physical handicaps, such as cerebral palsy and spina bifida. Hospital schools for physically handicapped children operate in conjunction with voluntary agencies.

(b) Schools for deaf children

Schools are provided for hearing impaired children who, on ascertainment, are judged not suitable for the programs in regular schools, including those with a specialist visiting teacher service.

(c) Visiting teacher services provide a comprehensive state wide service for sensorily handicapped children in regular schools.

(d) Blind children in special school situations in Victoria are catered for in non-Government schools.

3. **Socially and Emotionally Handicapped Children**

(a) Special schools are attached to a number of institutions catering for children in care because of socially disrupted backgrounds and/or who are emotionally disturbed.

(b) Education Centres

Education centres are located within a number of youth training centres and prisons.

(c) Social Adjustment Centres

These centres operate within regular primary schools and provide management and adjustment programs for children who manifest emotional disturbances, or who have been suspended from or are at risk of being suspended from the regular school.

4. Remedial Education

Remedial services are based on a network of consultative and withdrawal facilities including:

(a) Demonstration Units

These functionally designed, regionally based units make available to schools and teachers comprehensive displays of resource material in the language arts area and provide programs designed to increase teacher competence in handling a range of teacher needs encountered in regular classrooms.

(b) Special Education Units

These primary resource units are located in inspectorates. Staff are primarily engaged in consultative work in selected local schools. The units also provide withdrawal-type remedial programs for children experiencing learning difficulties.

(c) Remedial Centres

Remedial centres are located in regular school settings to provide needed instruction on a sessional withdrawal basis in language arts and mathematics to children located within reasonable distance of the centres.

(d) Opportunity Remedial Centres

These centres are located in regular primary schools throughout Victoria. Their activities are divided into two distinct services. Morning programs cater for children experiencing major learning difficulties in the area of language arts and mathematics. Such pupils are enrolled in the home school in which the centre is located and return to normal classroom peer-group placement for the afternoon session. In the afternoons the centres provide sessional remedial programs for children attending schools in close proximity to the centres.

(e) Reading Research and Training Centre
Centrally located, this centre provides a primary source for investigations into the nature and extent of reading difficulties, together with instructional services to children with hard core learning difficulties."

Queensland

"Queensland clusters handicapped and learning disabled children for statistical purposes into nine groups. Briefly the groups and the means of service delivery are as follows:

1. Children with Learning Difficulties
   Children in this category compromise the mildly intellectually handicapped provided for in separate special schools, or classes attached to primary schools, and the educationally handicapped who receive remedial assistance in centres within or outside their home schools. A small number of these children are also in full-time 'learning disability' classes within primary schools. Full records are kept on the children receiving help in centres outside the home school.

   Separate statistics are maintained for the 'mildly intellectually retarded' and the 'educationally handicapped' and all teachers employed in these areas are located within the special education division. In addition, 'resource teachers' are employed in secondary schools under the direction of the Director of Secondary Education.

2. Physically Handicapped Children
   This group covers children attending department schools and those associated with institutions maintained by voluntary associations for orthopaedically handicapped and cerebral-palsied children. Pre-schools are included in these schools.

3. Hearing Impaired Children
   All children with some degree of hearing disability receiving special educational treatment in all school settings are in this category. Pre-school classes are included.

4. Visually Handicapped Children
Provisions similar to those for the hearing impaired apply.

5. Deaf-Blind Children
Deaf-Blind children are provided for in special classes.

6. Emotionally Handicapped Children
The department operates one school in association with the Health Department. Children in psychiatric units do not receive special educational treatment prior to discharge.

7. Socially Disadvantaged Students
These are children in the care of the Department of Children's Services. Most are educated in local regular schools, but one special school is also provided.

8. Hospitalised Children
Children in hospital on a short term basis are provided for with schools and classes in the major hospitals.

9. Mentally Retarded Children
Children with moderate to severe degrees of intellectual handicaps are provided for in schools maintained by the Queensland Subnormal Childrens Welfare Association, the Multiple Handicapped Association and the Queensland Spastic Welfare League. The full cost of this education is reimbursed by the state through Special Education Division, from both state and commonwealth funds.

Within the Queensland State Education Department, there is a Division of Special Education and all teachers and other personnel working with handicapped children, whether in special or regular schools, are attached to this Division.

The Division is developing a range of services to children, parents and schools throughout the state by the employment of many types of specialists. Those employed include teachers of children with learning disabilities, teachers of intellectually handicapped children, teachers of children with sensory handicaps, teachers of children with orthopaedic and neurological handicaps, teachers of children with social and emotional adjustment problems, and teachers of migrant children. Support services to these teachers and teachers in regular schools are provided by guidance officers, advisory (visiting) teachers, pre-school advisory teachers (special education) and speech therapists. Additional support is drawn from other community and government agencies.

An important change to the administration of Special Education has been the devolution of responsibility from head office to the Regional Guidance Officers with respect to staffing and provision of support services within each education region.

Personnel may work with parents and young children at home; with teachers in regular schools; with children in their regular classes or withdrawn for individual and/or group work; with children in units attached to a host school on a sessional or full-time basis; and in separate special schools. This involvement may be on a casual, short term, long term or even permanent basis.

Support services in regular schools provide for assessment, programming and consultation with parents, teachers, principals, and other professionals. Liaison with other agencies and counselling, where necessary, is also undertaken. Personnel providing these support services may work on an itinerant basis, as a member of the staff of a school, or be based in a special education unit attached to a school.

A Special Education Council was established in 1976 to advise the Minister for Education on all aspects of special education provision.

There is evidence to suggest that a number of areas will require attention in the future. These include physically handicapped children placed in regular schools without adequate support; severely and profoundly handicapped children not receiving services; handicapped young adults beyond the school learning age who are not receiving continuing education appropriate to their needs; lack of flexibility for programs for learning disabled children in secondary schools; greater expertise in supporting identified handicapped children in regular classes; and curriculum development and measurement for special education.

However, the Division of Special Education is concerned for the welfare of handicapped children attending schools provided by voluntary associations. It is open to the voluntary association to maintain responsibility for the administration and control of their schools or to request the Education Department to assume full responsibility.

Financial assistance by the Department of Education to approved voluntary organizations concerned with the welfare and education of handicapped children includes:

- salary reimbursement for teachers, teacher-aides and specialist personnel;
- payment of running costs; and
- payment of transport costs for pupils to attend school."

South Australia

"In South Australia, special education practice is based on the definition proposed by the Heads of Special Education Conference in July, 1976; stated as 'the provision of services to children needing assistance beyond that available in their regular classrooms and neighbourhood schools.'

The services in South Australia covered by this definition include full time and part time classes within primary and secondary schools, special schools (some of which are on the same campus as regular primary, or secondary schools), schools within hospitals and institutions, and a variety of support services to teachers and children within regular schools and classes. The services provided to particular children by special education personnel include those for visually, hearing and physically impaired children, those with a variety of learning difficulties, moderately and severely retarded children, and those within institutions conducted by the Community Welfare and Health Departments, the Adelaide Children's Hospital, the South Australian Spastic Paralysis Welfare Association, the Crippled Children's Association, and Minda Home.

South Australia supports the concept of 'maximum useful association between handicapped children and others, consistent with the interests of both', which was put forward by the Heads of Special Education conference. The State's concern is to provide a balanced range of options within which the maximum number of children in a neighbourhood can receive an education according to their needs, with no more segregation of particular groups than is absolutely necessary.

The department believes it should provide "education for all" in as appropriate a form as possible. The most ordinary setting is preferred, consistent with the welfare of the child and of the group with which he must work. The Education Act and Regulations provide the same rights and obligations for handicapped children as for all others. Recent amendments remove the term "handicapped child" altogether from both the Act and Regulations in the belief that the distinction is not a useful one. However, there is a very small number for whom the department does not provide teaching services - they are totally dependent, profoundly mentally retarded children. There are also some in country areas receiving inadequate, part time education, or none at all. The parents of the latter group have an option of boarding their children in hostels or in institutions but are sometimes unwilling to do so, particularly when the children are young. Most of this group are moderately to severely retarded.

Future effort will be concerned with

(a) plugging gaps as described above, although it is unlikely that education services will be provided specifically to totally dependent, profoundly retarded children.

(b) helping regular classroom teachers become more competent to serve more children - both by encouraging school changes and by provision of support services.

(c) helping parents become better informed and better able to participate in the process of education. This could include providing them with joint inservice training with teachers.

(d) establishment of a language disorder unit to develop expertise and information of value of teachers, guidance officers and speech pathologists working with such children.

(e) formation of a small group of teachers and teacher-aides who can be deployed where needed to meet crises produced by children making extraordinary demands on special or regular schools."

Western Australia

"Provision is made in Western Australia under four main groups of services.

1. Intellectually Handicapped Children

(a) Mildly intellectually handicapped children are usually catered for in special centres in regular primary and secondary schools.

(b) Moderately intellectually handicapped children are usually catered for in special schools for the intellectually handicapped which are organised and staffed by the Special Education Branch of the Schools Division of the Education Department.

(c) Pre-school centres are to be found attached to six special schools.

(d) Day activity schools for children who need a program different from that offered by the special schools. These are nine in number, and operated by the Slow Learning Children's Group of W.A. To date, one of these schools has elected to become the responsibility of the Education Department.

2. Physically Handicapped Children

(a) Physically handicapped and health impaired children are mainly provided for in special schools under the Education Department. Other types of services are usually provided by voluntary agencies. The Education Department has just completed two special schools for such children adjoining both a primary and secondary school so as to maximise the useful association of all these students. One high school has been specifically modified to incorporate physically handicapped children within the school.

(b) Children in hospitals and rehabilitation centres
Special school places are provided at the major hospitals and rehabilitation centres.

(c) Homebound children
A service is provided for children who are homebound or hospitalised for more than two weeks in school years 1 to 12.

(d) Children with impaired hearing
Separate special schools and special classes are provided at primary and secondary age levels. A visiting teacher service supports hearing impaired children in regular schools.

(e) Children with impaired vision
Provision is made through special units within primary and secondary schools or in regular secondary schools, with support services.

3. Remedial Education

Initial intervention at the classroom level is provided by LAT's (Learning Assistance Teachers) who are school based advisors who assist classroom teachers to identify and develop programs for children identified with difficulties. Some are catered for by special units located in regular primary and secondary schools on a home school basis. A short term residential centre for isolated children provides diagnostic-prescriptive programs for children who have education difficulties. These children generally do not have access to other special education facilities.

4. **Children with Social and Emotional Difficulties**

Socio-psychoeducational resource centres provide programs in a special setting usually for a 12 to 18 month period, or a maximum of two years. Existing centres cater for the primary school age range.

A council for Special Education was established in 1974 by the Minister for Education to advise him on matters related to special education. This council has carried out a number of studies into specific areas of special education provision."

Tasmania

"A number of special schools and classes cater for slow learning children at both primary and secondary levels. Transfer to these is seldom recommended before the age of eight or nine years, in order that the child may have every chance of succeeding in the ordinary class. Provision is made for children who are mentally retarded. This education program stresses the development of social skills. Admission to special schools and classes is arranged through guidance officers.

Children with hearing losses are educated in a special school or class attached to pre-schools, primary and secondary schools. Children with impaired vision attend a special school for visually handicapped children. Tasmania has very few totally blind children and all are integrated into regular schools. A resource room and teacher support the teachers of these blind children. A service is offered by the Education Department in major public hospitals so that children may continue their education while in hospital.

Children with physical handicaps receive schooling at special schools in two major centres. All admissions are on medical advice. Speech therapy clinics are operated by the Education Department in four centres. Speech therapists are employed on a full or part time basis in some special schools. Remedial centres have been established in three centres with the co-operation of the Education Department's Guidance Branch.

Tasmania intends in the future to concentrate on education for life after school, and on early intervention programs. Emphasis will also be given to integration of handicapped children into regular schools wherever possible, and the appointment of a special education teacher to these schools to withdraw children for special help and support classroom teachers."

Australian Capital Territory

"Pre-schools are administered by the pre-school section. Special placements are made in regular pre-schools. Special pre-school and integrated pre-schools (those within special schools) are also provided. Schools and classes for developmentally delayed and intellectually handicapped children are provided, administered by the special education section:

(a) Junior assessment classes provide for the developmentally delayed and children with mild handicaps
(b) Separate schools, classes and learning centres cater for mildly intellectually handicapped children
(c) Moderately and severely intellectually handicapped children are placed in separate schools and classes.

However these special schools do not cater for one handicapped group, but rather a range of handicaps and multiply handicapped children.

Schools and classes for physically handicapped/blind/hearing impaired children are provided and administered by Special Education section. The children termed physically handicapped are determined by a paediatrician of the A.C.T. Health Commission.

(a) A centre is provided for physically handicapped children; educational, para-medical and medical programs are provided on a fully integrated basis.
(b) An integrated facility at a primary school and at a secondary school cater for blind children.
(c) Hearing impaired children are educated in classes attached to two primary schools and a secondary school.

Itinerant remedial teachers and a number of remedial reading centres are provided by the Guidance and Counselling section.

Within an overall policy of optimising the integration of handicapped children, the interim A.C.T. Schools Authority places children who are assessed as being intellectually handicapped or developmentally delayed either in special schools, special classes or learning centres within primary or secondary schools, but with a clear policy of integration wherever possible.

Present emphasis in special education encompasses the establishment of an additional 3 units for secondary blind and visually impaired students in 1980 (the first secondary unit opened in 1979), implementing the concept of the 'named persons' (Warnock Report) in services for autistic children, consideration of the needs of the emotionally and behaviourally disturbed child, and development of the resource teacher model, which was recommended by the Working Party for children with special needs.

In addition the ACT Schools Authority does not employ therapists (speech therapists, physiotherapists, occupational therapists etc.) but is dependent on the Capital Territory Health Commission for services in these areas."

Northern Territory

"1. Children with Moderate Forms of Handicap

(a) Children below pre-school age
In Darwin services are provided by the Darwin Spastic Society for a wide range of handicapping conditions. On medical recommendation and assessment, early entry into pre-school may be considered by placement and review panels.

(b) Children of pre-school age
Parents may elect to send their children to the local pre-school, but all such cases are discussed with the guidance officer and the school principal prior to enrolment.

(c) Special schools
Admission to special schools is vested in the Principal Education Adviser, Guidance and Special Education, and only after proper assessment procedures have been completed. There are three special schools. Two of the schools at Darwin cater for primary age children and secondary school age children respectively. The third, at Alice Springs, caters for children of all ages who have moderate forms of handicaps.

2. Children with Mild Forms of Handicap

Special education teachers are appointed to eleven regular schools throughout the territory. In most instances these teachers are assisted by special aides or part time instructors.

3. Support Services

(a) Resource teachers provide support to fifteen regular schools. This support mechanism is increasing in the territory with some thirty more positions planned.

(b) Children with visual impairment, hearing loss, speech defects and language disabilities receive services in special classes generally on a withdrawal basis. These advisory teachers and reading diagnosticians provide an advisory service to community settlement schools.

(c) A team of five speech therapists provide services to special cases following referral by principals and guidance officers.

(d) A proposed Education Department Clinic Service is not yet operative, although the Department of Health has clinic services at Darwin and Alice Springs.

(See also Appendix B)*

4. Future Aims and Needs

(a) Services for children with emotional needs

(b) Activity centres for the severely handicapped

(c) Present extension of services for deaf children

(d) Liaison with other government departments, especially the new Social Welfare Branch, for the department to take over responsibility for educational programs in correctional areas."

3.7 HANDICAPPED CHILDREN AND THEIR SERVICES

The extent of full-time services for handicapped children is indicated in Table 3.3 The data in this table were obtained in response to a request to education departments for statistics. Information sought covered numbers of special schools and units, and their enrolments. The importance of these data is that, as will be seen in later chapters, the response rate to our own questionnaires was not high. Table 3.3 provides information on full-time special education in Australia. Unfortunately, education departments in general were not aware of the precise numbers of children in full-time special education in the respective non-government sectors. Therefore Table 3.3 suffers from missing data in this area. However, non-government special education is predominantly provided in special schools operated by voluntary charitable organizations, and relatively few independent regular schools appear to have attached special classes or units for handicapped children. Therefore the missing data in the non-government section of Table 3.3 are probably small numbers or even zero. While some discrepancy exists because 1979 data were supplied in two cases, a rounded estimate of the total number of special schools in Australia is 520, while there appear to be at least 750 special classes and units attached to regular schools. This latter figure is an underestimate as the number of classes for 1279 children was not provided for South Australia (see footnote ** to Table 3.3). The total enrolment of children in special schools in Australia is of the order of 30,600, while a further 20,000 are in special classes. Thus a total of approximately 51,000 children are in full-time special education. This total may partially overlap that reported in Chapter 7 for handicapped children in regular schools, as it is possible that some children in special classes may have been included in both sets of figures.

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* *See p.311 for explanatory note. Appendix B in this volume appears as Appendix C in the first edition of this report.*

A more detailed tabulation of the numbers and types of facilities/services which provide full- and part-time special education services cannot be fully determined from the data obtained from Education Departments. It must be recognized that services range from clearly identifiable part-time withdrawal to incidental and casual support by resource personnel. Thus there are considerable difficulties in determining part-time services in order to collate statistical data. However, almost 7,500 students are receiving part-time remedial assistance in Queensland government schools, with another 4,000 served by itinerant (visiting) teacher services. Almost 5,000 students receive part-time assistance in Tasmania, as do almost 1,000 students in the Australian Capital Territory. It seems likely that there are similar numbers in other states served by remedial, resource or visiting teachers.

3.8 SUMMARY

The collation of data from state departments of education in this chapter provides a base from which to begin a more detailed investigation of the characteristics of special education services in this country. It should be recognized that the pattern of services is constantly changing, and that there are many facets of service provision which cannot be described adequately by tables of statistics or flow charts of organizational structures. The spirit and operation of these services can only be sensed by a more intimate acquaintance with the facilities, staff and children who are served.

Table 3.3

Children in full-time special education

State or Territory	Year of data	Government				Non-government				Government and non-government special schools	
		Special schools		Special classes/ units		Special schools		Special classes/ units			
		No.	Enrolment	No.	Enrolment	No.	Enrolment	No.	Enrolment	No.	Enrolment
NSW	1978	136	10,172	466	13,433	63	1,716	*	*	199	11,888
VIC	1978	75	5,677	102	2,433	76	2,633	*	*	151	8,310
QLD	1978	55	3,948	26	558	27	1,196	*	*	82	5,144
SA	1978	22	1,673	13 *	195 (1,279)**	4	152	0	0	26	1,825
WA	1978	28	1,815	78	1,444	*	*	0	0	28†	1,815†
TAS	1979	22	1,196	19	291	0	0	0	0	22	1,196
NT	1978	5	79	24	234	0	0	0	0	5	79
ACT	1979	6	322	20	281	0	0	0	0	6	322
Australia		349	24,882	748†	20,148	170†	5,697			519†	30,579†

* Not provided.

** Unbracketed figures provided by S.A. Research and Planning Division, categorised as "units" (4.7.79)
The bracketed figure provided by S.A. Assistant Director (Curriculum) (18.5.79)

† Possible underestimate owing to some information not available.

Chapter 4
LEGISLATIVE FOUNDATIONS OF AUSTRALIAN SPECIAL EDUCATION

4.1 INTRODUCTION

This chapter undertakes a review of legislation for the education of handicapped students in the six Australian states. It presents in some length relevant portions of Education Acts and discusses the age for special schooling, placement of children in such schooling, appeal provisions, sources of advice and the extent to which legislation seeks to ensure the provision of education for all handicapped children.

4.2 DEFINITION OF TERMS

Definitions of terms pertinent to legislation for the education of handicapped children are summarized in Table 4.1 It will be noted that there is little similarity among the Acts in regard to terms used, except for definition of a special school. In Table 4.2, a comparison is made of aspects of each state's legislation in regard to the compulsory school age relevant to handicapped children, placement, parental rights and advisory groups. These aspects are discussed in detail below.

4.3 CONTENT OF STATE EDUCATION ACTS

1. *Compulsory school age as applicable to handicapped children*

In Queensland, New South Wales, South Australia and Western Australia the legislation is applicable to all children of compulsory school age, which in the first three states is not less than six years and not more than fifteen years. In Western Australia the school leaving age is the age of the child at the end of the year in which he attains the age of fifteen years.

In Tasmania the compulsory school age for handicapped children is from five years to sixteen years, and in Victoria it is from four years and six months to fifteen years. In addition, Victorian legislation provides for special education outside these limits, that is from birth until beyond fifteen years, if appropriate.

Table 4.1

Definition of some terms *

Terms	Queensland	New South Wales	Victoria	South Australia	Western Australia
Blind	In the opinion of the Minister too blind or deficient in the power of sight to be able to read the ordinary school books used by children				
Deaf	In the opinion of the Minister too deaf to be taught in a class of hearing children				
Special school	A state school providing special education	Means a school declared under the provisions of this Act to be a special school	Means special school for handicapped children	Means a school established for the benefit of a particular class of children who require some special form of education treatment or care	
Certified special school		Means a school for the time being certified under this Act as a certified special school and includes a provisionally certified special school			

* No definitions available for Tasmania

contd..

Table 4.1 - contd..

Terms	Queensland	New South Wales	Victoria	South Australia	Western Australia
Special Services			Includes assistance at a special centre, special unit or special class and any other service especially provided to help a handicapped child overcome any impediment to his educational progress.		
Direction for exclusion					Means a direction of the Minister under the provisions of section 20B of the Act, directing the parent of a child to refrain from causing the child to attend any Government school.
Direction to special education					Means a direction of the Minister under the provisions of section 20A of the Act, requiring the parent of a child to cause the child to attend such school or schools as is or are specified in the direction.
Special educational facility					Means a special class designated by the Director General to be a special educational facility for the purposes of this Part.

Table 4.1 - contd..

Terms	Queensland	New South Wales	Victoria	South Australia	Western Australia
Authority			Means Special Education Authority established under this division		
Handicapped Child			Means a child of school age handicapped to an extent likely to affect his educational provisions		

Table 4.2

Comparison of states' legislation

Areas	Queensland	New South Wales	Victoria	South Australia	Western Australia	Tasmania
Compulsory School age (handicapped children)	From 6 to 15 years	From 6 to 15 years	From 4½ to 15 years with special education provision for those not of school age	From 6 to 15 years	From 6 to age of child at end of year in which he turns 15	From 5 to 16 years
Legislation pertinent to placement of handicapped child	1. Provision of special education for children who require such education on account of disability of mind or body in special schools, classes or any other approved means. 2. Parent of blind or deaf child to obtain for them suitable education.	1. The parent... shall cause him to attend regularly at a special school...where the place of residence of such child is within the district of such a school.	1. Having been notified of child's handicap by parent and principal (if applicable) the Minister, on advice of an Authority, shall determine suitable placement for the child. 2. Such placement may be effected irrespective of child's age.	1. The Director-General may direct placement of a child to a special school if in his opinion the child's best interests are so served.	1. Assessment provisions: i) initial conference; ii) assessment of child; iii) assessment conference; iv) recommendation to Director-General; v) recommendation to Minister. 2. Minister may direct parents to send child to special school.	1. The parent of a child between 5 & 16 who is blind, mute or otherwise defective is duty bound to provide such a child with a suitable education if he is able to do so.
Advisory Groups	Minister may appoint: 1. those he thinks fit; 2. any person to inspect facilities provided for blind/deaf child re suitability	No indications given of what bodies may advise Minister	Special Education Authority - flexible memberships to meet demands of a variety of handicaps.	Minister may appoint such committees as he sees fit.	Advisory panel of two or more persons. At least one a teacher. At least one a guidance officer or member of Australian Psychological Society.	Children incapable of benefit from instruction to be examined by: 1. Director of State Psychological Clinic, or 2. School Medical Officer, or 3. Other approved officer.
Parental Rights	No specific provision.	No specific provision. Some indirect provision under heading of "a good defense".	No specific provision.	No specific provision.	Parent has recourse to children's court if necessary.	Parent has access to Minister re withdrawal of a direction.

2. *Legislation pertinent to placement of handicapped children*

The *Queensland* provision for special education is as follows:
Section 26. "Provision of special education.

For children who require such education on account of a disability of mind or body there shall be provided special education that is to say education by special methods appropriate to the needs of such children.

Such special education as the Minister approves may be given -
(a) in special schools
(b) in classes approved by the Minister for the purpose; or
(c) by any other means approved by the Minister for the purpose."

There is no provision for the compulsory assessment by the Minister or his officers of a handicapped child. Exception is made in the case of blind or deaf children where the Minister may authorize an assessment.

Section 27. "Parent of blind or deaf child to obtain suitable education for such a child.

(1) Every parent of a blind or deaf child who is of the age of compulsory attendance shall cause such child to receive an education which, in the opinion of the Minister is efficient and suitable.

In any proceeding against a person in respect of a non-compliance with this subsection, a certificate purporting to be signed by the Minister as to the efficiency or suitability of the system or method of education in issue shall be conclusive evidence of such efficiency or, as the case may be suitability.

The Minister may authorize any person to inspect the system and method of education being provided for any such child and may receive a report thereon."

Thus, on the whole, criteria allowing for the proper assessment of a child said to be handicapped are lacking in the legislation.

In *New South Wales* the view obtained is similar. Legislation provides for the existence of special education:

Section 4-(1A) "The parent or guardian of any child between the age of six years and the school leaving age shall, where -

(a) such child is, by reason of blindness or other infirmity, not capable of being educated by the ordinary methods of instruction; and

(b) a special school has been declared or a certified special school has been established for children suffering from the class of infirmity from which such child is suffering; and

(c) the place of residence of such child is within the district of such special schools or such certified special school,

cause him to attend regularly at such special school or certified special school," but indications of a child receiving such an education are given in only the most general terms.

The *Victorian* legislation is unique in Australia in that it makes specific and detailed provision for the education of handicapped children and includes the nature of the special services which can be provided by the Education Department.

In addition to the specific matters referred to in the legislation the Victorian approach is to provide support and facilities to handicapped children even beyond the statutory school leaving age in those instances where it is clear that some significant advantage would accrue from continuing education.

The legislation requires that the Minister be informed by both parent and principal if a child is thought to be handicapped, the onus being upon the Minister to provide appropriate assessment of, and recommendations with respect to, such a child.

Section 64E. "Where a child who has not reached the age of 15 years -

(a) appears to the parent of the child to be a handicapped child; and

(b) does not regularly attend at a school -

it shall be the duty of the parent of the child within such time as is reasonable in the circumstances to notify the Minister in writing that the child appears to him to be a handicapped child.

(2) Where a child who has not reached the age of 15 years -

(a) attends at a school; and

(b) appears to the principal of a school to be a handicapped child

the principal -

(i) shall forthwith advise the parent of the child that he intends to notify the Minister that the child appears to him to be a handicapped child; and

(ii) shall not less than seven days after advising the parent of the child notify the Minister in writing that the child appears to be a handicapped child."

Section 64F. (1) "In a case where the Minister -

(a) receives a notification pursuant to sub-section (1) or (2) of section 64E; or

(b) has evidence placed before him, which appears to him to be credible, that a child has a handicap which could affect his educational progress and is in need of special education -

he may in writing served on the parent of the child personally or by post direct the parent to present the child at a time and place specified in the direction for assessment by an Authority as to his educational need.

(2) A parent who has been given such a direction shall comply with that direction.

(3) On the child being presented before it the Authority shall carry out its assessment of the educational need of the child and make its recommendation to the Minister."

Section 64G. (1) "Where the Authority is of the opinion that the handicap of the child is such that he is in need of special education, the Authority shall make its recommendation to the Minister -

(a) as to the type of special education that the child requires;

(b) whether any special services are required; and

(c) in respect of any other matter that the Authority considers relevant.

(2) The Authority shall, in making its recommendation, take into consideration the wishes of the parent of the child and the circumstances of the case."

Section 64H. (1) "After considering the recommendation of the Authority the Minister shall make such determination as he considers suitable, and where the Minister determines that the child should undertake special education the parent of the child shall cause the child to undertake the special education as directed by general or special order of the Minister.

(2) A parent receiving a direction pursuant to sub-section (1) shall, unless there is reasonable excuse for not complying with the direction, cause such child to undertake the special education as required.

(3) In this section "reasonable excuse" means a reasonable excuse as set out in sub-section (3) of section 53, with such modifications as are necessary."

Legislation also allows the Minister, at the request of a parent of a handicapped child not of school age, to request an assessment of such a child and, if necessary, recommend that the child receives special education.

Section 64K. (1) "Where a parent of a child who is not of school age notifies the Minister that the child has a handicap which, if the child was of school age, would make him a handicapped child, and requests assessment of the child by an Authority, the Minister may, with the agreement of the Minister of Health, direct an Authority to assess the child.

(2) If the Authority recommends that the child should undertake special education the provisions of Section 64I shall, with such modifications as are necessary, extend and apply to that child as if he were a handicapped child directed by the Minister to undertake special education.

In the *South Australian* legislation there is no mention of such terms as "handicap", "disorder", or "disability".

Section 74. (3) "Where, in the opinion of the Director-General, it is in the best interests of a child that he be enrolled at a special school, the Director-General may direct that the child be enrolled at a special school nominated in the direction, and where such direction has been given, the child must be enrolled at that special school."

Provision in *Western Australia* is explicit and detailed. Legislation affecting children with "mental or physical disorders or disabilities" occurs in two Parts of the Education Act:

(1) Part V: Attendance at schools, and
(2) Part XIB: Special Education

and this may cause some difficulty in its interpretation.

Where it is apparent to either a school principal or parent that a child may have a mental or physical disorder or disability a number of actions may occur. These are:

(1) an initial conference between parents, principal and teacher/teachers, followed where appropriate by
(2) an assessment of the child
(3) an assessment conference
(4) a recommendation to the Director-General
(5) a recommendation to the Minister.

These provisions occur in Part XIB. If it is recommended to the Director-General that a child would be better served in a special educational facility, legislation contained in Part V of the Act is pertinent. All relevant legislation is reproduced below.

Part XIB

Section 262I. (1) "Where the principal of a school or the parent of a child is of the opinion -

(a) that the child suffers from a mental or physical disorder or disability; and
(b) that by reason of the disorder or disability the child is having extreme difficulty in adjusting to the regular educational programme of the school,

the principal shall arrange a conference (in these regulations referred to as an "initial conference") for the purpose of ascertaining the educational programme best suited to the needs of the child and inform the parent of the child of the date and time of the conference.

(2) An initial conference shall consist of -

(a) the parents of the child;
(b) the principal of the school;

(c) the teacher or teachers of the child; and

(d) where the parents so desire, an interpreter, friend or relative of the parents, brought to the conference by the parents.

(3) For the purpose of convening an initial conference the principal shall -

(a) set a reasonable time for the conference after, if practicable, discussion with the parents of the child;

(b) invite the parents to attend the conference;

(c) advise the parents that they may be accompanied by a friend, relative or interpreter;

(d) require the teacher or teachers of the child to attend the conference; and

(e) give written notification to the parents of the date and time of the conference and inform them that they may be accompanied by a friend, relative or interpreter.

(4) An initial conference shall take place in the presence of both parents of the child unless one or both parents refuse or neglect to attend the conference or one parent is unable to attend a conference at any reasonable time.

(5) The aims of an initial conference are -

(a) to ensure the maximum co-operation between the parents of the child and the school regarding the provision of an education programme that is in the best interests of the child;

(b) to discuss the educational programmes offered by the school and their adequacy, in the light of the child's disorder or disability, to meet his educational needs;

(c) to agree, where possible, on an educational programme for the child at the school; and

(d) to discuss possible alternatives to the educational programmes available at the school."

Section 262J. (1) "Where an initial conference has taken place and the principal of the school is of the opinion -

(a) that it is not possible adequately to determine whether the school is able to provide a suitable educational programme for the child without further advice; or

(b) that it is not possible for the school to provide a suitable educational programme for the child,

he shall arrange forthwith for a specialist assessment of the educational needs of the child.

(2) The assessment referred to in subregulation (1) of this regulation shall be made by any or all of the following persons -

(a) an officer or officers of the Guidance Branch or other specialist branches of the Education Department;

(b) any person or agency generally approved by the Director-General as suitable for the assessment of children;

(c) at the request of the parents of the child, and if approved by the Director-General, by any person or agency not comprised in paragraphs (a) and (b) of this subregulation.

(3) Where an assessment of a child has been made under the provisions of this regulation, the principal shall forthwith convene an assessment conference to discuss the results of the assessment.

(4) An assessment conference shall consist of -

(a) the principal of the school;

(b) the teacher or teachers of the child; and

(c) where practicable, the person or persons who made the assessment.

(5) An assessment conference shall consider the report or reports of the person or persons making the assessment and shall recommend to the principal that the child -

(a) remain in the school under that school's regular programme;

(b) remain in the school under a modified programme;

(c) be placed in a special educational facility; or

(d) be excluded from attending any Government school."

Section 262K. (1) "Where, after an assessment conference, the principal of the school decides that the child should remain in the school under the regular or modified programme, he shall forthwith -

(a) inform the parents of the child in writing of the decision explaining the reasons for the decision and the nature of the programme the child will undertake; and

(b) attempt to enlist the co-operation of the parents in implementing the programme decided upon.

(2) Where, after an assessment conference, the principal of the school is of the opinion that it is not practicable, by modification in facilities, staff, or programmes, to provide a suitable educational programme for the child at the school and that the child should be placed in a special educational facility he shall forthwith -

(a) recommend to the Director-General that the child be made subject to a direction to special education; and

(b) inform the parents of the child, in writing, that he has made such a recommendation.

(3) Where the Director-General does not approve the recommendation he shall -

(a) direct that the suspension of the child, if any, be terminated;

(b) direct that the child continue to be enrolled in the school; and

(c) inform the parents of the child in writing of his decision.

(4) Where the Director-General approves the recommendation he shall -

(a) recommend to the Minister that the procedures of the Act relating to a direction to special education be implemented; and

(b) inform the parents of the child in writing of his decision.

(5) Where the Minister approves the recommendation of the Director-General, he shall forthwith convene an advisory panel under the provisions of the Act and inform the parents of the child in writing of his decision.

(6) Where the Minister does not approve the recommendation of the Director-General, the Minister shall -

(a) direct that the suspension of the child, if any, be terminated;

(b) direct that the child continue to be enrolled at the school;

(c) inform the parents of the child in writing of his decision."

PART V

Section 20A-(1) "Where it appears to an advisory panel that a child of not less than six years of age nor more than leaving age has a mental or physical disorder or disability of such a nature that the interests of that child would be best served if he were to attend a school providing education of a kind specially suited to persons suffering from such a disorder or disability, the Minister may, on the recommendation of the panel, serve on the parent of the child a direction in writing requiring the parent to cause the child to attend such school or schools as is or are specified in the direction during such times as are so specified."

In *Tasmania* the legislation is as follows:

Section 13-(1) "It is the duty of the parent of any child that is blind, deaf, mute or otherwise defective, between the ages of five and sixteen years, to provide efficient and suitable education for such child if he is able to do so.

(2) Any such parent who is unable at any time to provide such education as aforesaid for such a child shall give notice thereof to the Minister.

(3) The Minister thereupon may direct that the child shall be sent to an institution for the education of blind, deaf, mute or otherwise defective children, and such parent shall cause such child to be sent thereto accordingly."

There is further provision in the amended section 8-(3)

"Where any child of or above the age of 7 years ... is incapable of receiving proper benefit from instruction in ordinary classes the Minister may issue an order requiring the parent or guardian of such child to cause him to attend at such school or schools as the Minister shall prescribe and to continue in attendance until he reaches the age of sixteen years ..."

Thus under present legislation parents of handicapped children in Tasmania must find suitable schooling for their children at the age of five years, whereas no onus is upon the Minister to approach the problem of schooling for such a child (unless notified by parents that suitable schooling is unavailable) until the child is seven years or more. This legislation makes the precise obligations of the Minister difficult to interpret.

3. *Areas of legislation where provision is incomplete*

Queensland

In Queensland children may be exempted from schooling if there exists a reasonable excuse.

Section 30. "(1) Definition of a reasonable excuse.

Any of the following reasons shall be deemed to be a reasonable excuse within the meaning of section twenty-eight of this Act:-

(a) That the child concerned has been prevented from attending school by -

  (i) sickness;

  (ii) temporary or permanent infirmity;

  (iii) an unavoidable cause, ... which, in the opinion of the Minister is reasonable.

(b) That the child has been prohibited or belongs to a class which has been prohibited by any Act, regulation or other rule of law from attending school on the ground that he or such class is suffering from an infectious or contagious disease or that his presence might be injurious to the health or welfare of other children attending school."

Those sections in which the interpretation is imprecise are underlined. All of these under particular circumstances could be applied to particular handicaps. It is unclear as to whether or not this is intended in the legislation.

New South Wales

Three areas of New South Wales legislation require further elucidation. These are:-

Section 4-(1A) "The parent or guardian of any child between the age of six years and the school leaving age shall, where -

(a) such child is, by reason of blindness or other infirmity, not capable of being educated by the ordinary methods of instruction; and

(b) a special school has been declared or a certified special school has been established for children suffering from the class of infirmity from which such child is suffering; and

(c) the place of residence of such child is within the district of such special school or of such certified special school,

cause him to attend regularly at such special school or certified special school."

Section 4-(4) "It shall be deemed a good defense to any such prosecution (for failing to cause a child to attend school) that at the date alleged in the information:

(e) the child was prevented from attending school by sickness, danger of infection, temporary or permanent infirmity, or other sufficient cause, and within seven days after the date on which such sickness, danger, infirmity, or cause occurred the defendant gave or caused to be given notice thereof in writing to the teacher of the school which the child attended immediately prior to such date."

As is the case in Queensland, the terms, "sickness", "temporary/permanent infirmity and "other sufficient cause" warrant further definition to make the implications of the provision clear.

Section 6. "The Minister, or any officer authorized by him, may grant a certificate exempting a child from the attendance at school required by this Part where he is satisfied -

(b) that such conditions exist as make it necessary or desirable that such certificate should be granted; or
(c) that there is not adequate accommodation."

Once again the statement "that such conditions exist as to make it necessary or desirable" is broad in its implications and is open to application to some handicapped children. The statement referring to school accommodation is included in this section as it too could apply in some circumstances to handicapped children and there is no further provision made for such children who are excluded by this legislation.

Victoria

In Victoria the interpretation of "a reasonable excuse" is also open to debate.

Section 53-(3) "It shall be a reasonable excuse as regards any child that -

(b) the child has been prevented from attending school by sickness, reasonable fear of infection, temporary or permanent infirmity or any unavoidable cause."

The terms in the above legislation are, as in previously mentioned cases, insufficiently clear in their implications.

South Australia

Under South Australian legislation -

"The Minister may exempt any child from attendance at school during any period in the exemption."

The powers of the Minister are complete. No provision is made for the inclusion of criteria to be used by the Minister in making a decision re exemption. No limits are imposed on the Minister by the legislation.

Western Australia

Again the definition of "a reasonable excuse" requires further elucidation.

Section 14. "Any of the following reasons shall be deemed a reasonable excuse -

(b) That the child has been prevented from attending school by sickness, danger of infection, temporary or permanent infirmity or any unavoidable causes, but the excuse shall not be entertained unless the parent has given the teacher notice thereof in writing..."

The Act also contains legislation in two Parts which might be used to exclude children with severe mental or physical disorders or disabilities:-

PART XIB

Section 262L. (1) "Where, after an assessment conference, the principal of a school is of the opinion that the child suffers from a physical or mental disorder or disability of so severe a nature that the presence of that child in any Government school would disrupt the normal operation of the school he shall forthwith -

(a) recommend to the Director-General that the child be made subject to a direction for exclusion; and

(b) inform the parents, in writing, that he has made such a recommendation.

(2) Where the Director-General does not approve the recommendation, he shall -

(a) direct that the suspension of the child, if any, be terminated;

(b) direct that the child continue to be enrolled in the school; and

(c) inform the parents of the child in writing of his decision.

(3) Where the Director-General approves the recommendation, he shall -

(a) recommend to the Minister that the provision of the Act relating to a direction for exclusion be implemented; and

(b) inform the parents of the child in writing of his decision.

(4) Where the Minister approves the recommendation of the Director-General he shall forthwith convene an advisory panel under the provisions of the Act and inform the parents of the child in writing of his decision.

(5) Where the Minister does not approve the recommendation of the Director-General, he shall -

(a) direct that the suspension of the child, if any, be terminated;

(b) direct that the child continue to be enrolled at the school; and

(c) inform the parents of the child in writing of his decision."

PART V

Section 20B (1) "Where it appears to an advisory panel that a child has a mental or physical disorder or disability of so severe a nature that the presence of that child in a Government school would disrupt the normal operation of the school, the Minister may, on the recommendation of the panel, serve on the parent of the child a direction in writing directing the parent to refrain from causing the child to attend any Government school and whilst the direction remains in force the Minister shall refuse to permit the child to attend any Government school."

Tasmania

In Tasmania legislation may once again exempt a particular class of handicapped child (presumably the severely handicapped although this is not made clear) from attending school.

Section 7A-(2) "A child shall be exempt from such enrolment if he is -

(d) certified, as prescribed, to be physically or mentally, permanently unfit to attend any school."

4. *Advisory Groups*

In most states the nature and membership of any advisory bodies are indicated in only general terms. The pertinent legislation from these states follows.

Queensland

8A "The Minister may from time to time appoint such committees as he thinks fit to advise on any aspect of education in respect of which a statutory body has not been constituted under this Act."

New South Wales

No indication is given in the legislation as to what person or bodies may advise the Minister on education.

Victoria

Section 64C "Whenever the Minister considers it necessary he may appoint a Special Education Authority for the purposes of this Division consisting of such qualified and other suitable persons as he thinks fit, and shall appoint one of those persons as chairman."

Section 64D "An Authority shall -

(a) carry out the functions required to be carried out by it under this Division; and

(b) carry out any other functions which the Minister requests it to carry out."

The membership of the authority is not specified in order to make the authority flexible enough to meet the demands of a variety of handicaps.

South Australia

Section 10-(1) "The Minister may appoint such advisory committees as he considers necessary to investigate, and advise him upon, any matters affecting the administration of the Act, or the provision of proper primary and secondary education in this State.

(2) An advisory committee constituted under this section shall consist of such members as the Minister thinks fit to appoint to the committee.

(3) A member of an advisory committee shall hold office at the pleasure of the Minister.

(4) Subject to any direction of the Minister, the procedure of an advisory committee shall be determined by the committee.

(5) The Minister may pay to the members of an advisory committee such allowances and expenses as may be prescribed."

Legislation in Western Australia and Tasmania is more precise as to the membership of such an advisory group. It may be that, since in both of these states handicapped children might possibly be excluded from school, any groups acting in any advisory capacity to the Minister in each state need to be clearly defined.

Western Australia

Section 20D-(1) "The Minister may convene an advisory panel whenever he considers it necessary or desirable to do so for the purposes of section twenty A, twenty B or twenty C of this Act.

(2) An advisory panel shall consist of two or more persons who, because of their professional or other qualifications or experience, are in the opinion of the Minister qualified to give advice as to the education or other needs of a child having regard to the disorder or disability from which the child suffers.

(3) Of the members of an advisory panel -

(a) at least one shall be a teacher; and

(b) at least one shall be a guidance officer appointed under this Act or a psychologist who is a member of the Australian Psychological Society."

Tasmania

Section 8-(3) II. "For the purposes of this sub-section, every child alleged to be incapable of receiving proper benefit from instruction in ordinary classes shall be examined by the Director of the State Psychological Clinic or a School Medical Officer or another examining officer of the Clinic approved by the Minister and the said Director or said examining officer shall state on a prescribed form the classification of such child and certify to the Director of Education whether or not such child is incapable of receiving proper benefit from instruction in ordinary classes."

5. *Legislation to provide for parents' effecting a change of placement*

In Queensland, New South Wales, Victoria and South Australia there is no such legislation. Legislation is provided in Western Australia and Tasmania, no doubt as a measure providing parents with some recourse against directions issued against certain handicapped children *re* their exemption from attending any school.

Western Australia

Section 20E. (1) "A parent who has been served with -

(a) a direction under section twenty A or twenty B of this Act; or

(b) a notice under section twenty C of this Act confirming a direction under section twenty A or twenty B of this Act,

may, within thirty days after the service of that direction or notice, as the case may be, on complaint duly laid before a children's court and served on the Minister as defendant to the proceedings, apply to the court for an order cancelling the direction.

(2) In any proceedings under this section the onus shall lie on the Minister to show cause why the direction should not be cancelled.

(3) In any proceedings under this section the Minister may be represented by a person authorised by the Minister in that behalf.

(4) On the hearing of a complaint under this section the court shall make an order -

(a) cancelling the direction; or

(b) confirming the direction,

and may, if it thinks fit, make an order as to the costs of the proceedings.

(5) Where, within thirty days after being served with a direction under section twenty A of this Act, a parent lays a complaint under this section before a children's court -

(a) if the direction is not in force when the complaint is laid - the direction shall not come into force until the court has heard and determined the complaint;

(b) if the direction is in force when the complaint is laid - the direction shall, by operation of this subsection, cease to be in force from the time when the complaint is laid until the court has heard and determined the complaint.

(6) Nothing in subsection (5) of this section prevents the Minister from exercising his powers under subsection (3) of section twenty B of this Act at any time whilst the determination of a complaint laid under this section is pending."

Tasmania

Section 8-(3) III "Where the parent or guardian of any child required on the order of the Minister to attend any such school as aforesaid is of the opinion that his child be not dealt with or no longer be dealt with under the provisions of this section such parent or guardian may request the Minister to withdraw the aforesaid order and the Minister if he deems fit may direct that the order be withdrawn."

The Western Australian legislation is the more extensive and the onus is on the Minister, as the defendant, to show cause for his actions. In Tasmania legislation does not give the parent access to the Children's Court as in Western Australia, and such a parent must presumably be satisfied with what the Minister "deems fit".

6. *Summary*

A study of the Education Acts from each state (called the Public Instruction Act in New South Wales) reveals a number of aspects in which handicapped children are not provided for, or where such provision exists, it is unclear and open to misinterpretation.

In Victoria alone is there legislation to make provision for children not of school age. In all other states there is no such legislation; including to ensure an early assessment of handicapped children. The need for such an assessment is fundamental as the pre-school years are perhaps the most vital in the physical, mental and emotional development of such children. The Victorian legislation also recognizes the need for some handicapped children to be educated beyond those years required by a "normal" child.

Legislation pertinent to the placement of handicapped children is somewhat confusing. The amending of previous Acts has resulted in the legislation in some states, for example Queensland and Tasmania, seeming disjointed. In these two states also, to varying degrees, it is the parent of the handicapped child who has the obligation to supply suitable education for the child. Victoria and

Western Australia have the most comprehensive legislation dealing with the assessment and placement of handicapped children of school age. In the New South Wales and South Australian Acts there is no separate provision for special education. In South Australia the reason for this is the dislike of any distinction being made between handicapped and "normal" children. This attitude has merit as long as the demands of handicapped children are met.

In no state is the Education or Public Instruction Act free of legislative "gaps" as far as handicapped children are concerned. The most common of these is that covered by the definition of a "reasonable excuse". Terms contained in such definitions require further explanation so it can be ascertained precisely in what way they apply to handicapped children.

The Western Australian and Tasmanian legislation could present difficulties in that certain handicapped children may be exempted from attending or caused not to attend any school or government school as the case may be. There is no requirement for appropriate education to be provided for such children, though they may then be served by other agencies.

Finally, it is apparent that in most states there is no legislation ensuring parents the right of appeal with respect to directives which the Minister in those states may deem fit to issue regarding the education of their handicapped child.

4.4 CONTENT OF LEGISLATION IN THE NORTHERN TERRITORY AND AUSTRALIAN CAPITAL TERRITORY.

1. *Northern Territory.*

Very recently (July 1979) new legislation has been introduced in the Northern territory for the provision of education for 'all people' in the territory, and this includes special educational provision. An analysis of this recent legislation has been provided by Mr. M. Smith, Principal Education Adviser, Guidance and Special Education (Policies) and is presented below.

A. Guiding principles for Special Education Legislation.

Specific provision exists in Part V of the Education Act for "Children with Special Learning Needs." The preliminary planning in relation to this legislation sought to evaluate the American Public Law 94-142 (1975) and the provisions of the Warnock Report (Cmnd 7212 HMSO 1978). The relevance of these legal provisions and the philosophical assumptions of the Schools Commission (Report for the Triennium 1979-81) were assessed alongside special education legislation from other Australian States.

The following guidelines were established for the legislative draftsman to incorporate in the new Act:

(i) That an incidence figure for handicapped conditions needs to be recognised.

(P.L. 92-142 accepts 12%)

(Warnock accepts 16-2/3%)

For the N.T. urban population, the Warnock figure would be conservative if the needs of migrants were included. For the settlements a figure of at least 20% for the more pronounced disorders (mental retardation, hearing losses and physical handicaps) would seem justified on recent Health Department statistics. If a comparable rating were made on European-based criteria the 20% could rise to as much as 90% in a number of settlements.

(ii) Statutory categorisation of handicap needs to be avoided where it can.

It is impossible to avoid accuracy of description and diagnosis of handicapping conditions but such descriptions and typologies are best left out of the statutes. They give rise to faulty expectations in teachers, heighten parental anxiety and do little to guide the program of remediation and rehabilitation.

(iii) The provision of special education services should be in the "least restrictive environment."

The overall aim should be to place a child in the situation which leads to as much "normalisation" of the child as possible. In some instances a segregated school environment will work towards this end but in the great majority of cases special placement within normal school settings should be the goal.

(iv) The provision of services to handicapped children should not be limited to those of school age only.

Flexibility needs to be given to the education system to provide some services to some children below pre-school age and to some children above school age.

(v) The overall direction of special education services needs co-ordination and direction by a Special Education Advisory Council.

Such a Council would allow participation by Educators, Medical Practitioners, Community Development and Welfare Officers and parents. This council would make recommendations to the Education Minister on a range of policy matters including the operation of placement committees and the provision of Territory-wide facilities.

(vi) Placement committee recommendations should include clear statements of when, how and by whom objectives are to be accomplished.

(vii) The recruitment of all teachers into the Northern Territory should place increasing emphasis on the possession of a special education credential.

The policy should not be just more specialists but all teachers with specialisations.

B. The actual provisions of the Education Act as it pertains to Guidance and Special Education Services are as follows:

"To make all provision for the availability of education to all people of the Northern Territory and in particular to provide for the access of all children to education programs appropriate to their individual needs and abilities."

"PART V - CHILDREN WITH SPECIAL LEARNING NEEDS.

Definitions.

33. In this Part, "handicapped child" means a child whose educational progress will by reason of the child's mental or physical handicap, suffer unless the child has access to special educational arrangements.

Advisory committees.

34. (1) For the purposes of this Part, the Minister may establish an advisory committee to provide advice and make recommendations to him with respect to the performance of his functions and the exercise of his powers under this Part.

(2) An advisory committee constituted under this section shall -

(a) consist of such members as the Minister thinks fit to appoint to the committee; and

(b) subject to any directions of the Minister, determine its own procedure.

(3) The members of an advisory committee constituted under this section shall hold office at the pleasure of the Minister.

Minister may provide for education of children

35. (1) The Minister may make such provision for or in relation to the education of a class or classes of children to whom this Part relates or children to whom this Part relates generally as he considers necessary or desirable.

(2) Without limiting the generality of sub-section (1), the Minister may make arrangements with the Government of a State or with a body or institution in a State -

(a) for or in relation to the education in that State of children to whom this part relates; and

(b) for the payment of expenses for or in relation to that education.

(3) In this section, "children to whom this Part relates" means -

(a) handicapped children; and

(b) children whose educational progress will, by reason of some special factor, other than a physical or mental handicap, in relation to the children, suffer unless the children have access to special educational arrangements.

Parent may request special arrangements

36. (1) Where it appears to -

(a) a parent who has the actual custody of a child of compulsory school age; or

(b) the head teacher of the school at which a child of compulsory school age is enrolled

that the child is a handicapped child or that the educational progress of the child will, by reason of some special factor, other than a physical or mental handicap, suffer unless the child has access to special educational arrangements -

(c) that parent; or

(d) that head teacher

may request the Minister to make special arrangements for or in relation to the education of the child.

(2) Where it appears to a parent who has the actual custody of a child who is not of compulsory school age that the child is a handicapped child, he may request the Minister to make special arrangements for or in relation to the education of the child.

Minister's power to make special arrangements.

37. The Minister may, upon receiving a request under section 36(1) or (2), by order in writing, make such special arrangements for or in relation to the education of the child as he considers necessary or desirable and as are -

(a) in the case of a request under section 36(1) -

(i) agreed to by the parent who has the actual custody of the child; or

(ii) authorized under section 38; or

(b) in the case of a request under section 36(2) - agreed to by the parent who has the actual custody of the child.

Referral to Supreme Court.

38. (1) Where the Minister and the parent who has actual custody of a handicapped child of compulsory school age cannot reach agreement in relation to proposed special arrangements for or in relation to the education of the child, the Minister may refer the proposed arrangements to the Supreme Court.

(2) Subject to this Act, the Supreme Court may, in relation to any proposed arrangements referred to it under sub-section (1) -

(a) authorize the making of the arrangements;

(b) vary the arrangements in such manner as it thinks fit, and authorize the making of the arrangements so varied;

(c) substitute such arrangements as it considers necessary or desirable for the arrangements, and authorize the making of the arrangements so substituted; or

(d) refuse to authorize the arrangements.

(3) In exercising the jurisdiction conferred by this section, the Supreme Court shall have regard to the responsibility of parents to educate their children and give due weight to the wishes of a parent who has the actual custody of a child who is the subject of a referral to the Court under this section.

(4) Rules made under the Supreme Court Act may include Rules for or with respect to referrals to the Supreme Court under this section.

(5) Unless the Supreme Court otherwise orders, the costs of and incidental to a referral to that Court under this section shall be paid by the Territory.

39. The Minister shall not make special arrangements under section 37 for or in relation to the education of a child which require the child to reside at a place other than the usual place of residence of the parent who has actual custody of the child unless those arrangements include provision for visits of reasonable frequency and duration by that parent to the child or by the child to that parent."

Most of the guiding principles outlined above have found expression in the new legislative provisions, namely:

(a) The definition of "handicapped child" is capable of wide interpretation and there is a deliberate avoidance of specific categorisation of handicap.

(b) The Minister may establish an advisory committee, make arrangements with the Government of a State or with a body or institution of a State for the education of a child who is handicapped.

(c) Parents may request services from the Minister.

(d) The Supreme Court may arbitrate between the Minister and the parent on any differences in relation to placement.

(e) A parent may request the Minister to make special provisions for children not of compulsory school age.

The Education Act of the Northern Territory recognises the rights of parents to have a significant input into the type of education offered to their children. It recognises the responsibility of parents to educate their children. This is of special importance for the education of the handicapped where parents should be thought of as partners. In the earliest years, parents rather than teachers should be regarded, wherever possible, as the main educators of their children. The disclosure of handicapping conditions to parents is a matter of the greatest sensitivity and may take years to accomplish. A side effect of insensitive disclosure may be embittered relationships between parents and the professional staff on whose assistance so much will depend in the years ahead. It is essential that where special educational arrangements are being considered for any child that the parents be fully appraised and their consent sought.

2. *Australian Capital Territory*

An examination of the schools Authority Ordinance 1976 (No. 59) indicates no specific reference to eligibility or rights to education in the A.C.T. We understand, however, that the policy in operation is to provide education for all children, including the handicapped, and that legitimation of this policy dates from an undertaking by Mr. Malcolm Fraser when he was Federal Minister for Education. A further ordinance concerned with work experience programs is being prepared. The scheme involves mentally, physically, educationally or socially disadvantaged students over the age of 14 years, whether in special school, special class or regular secondary school.

The legislation is designed to:

(a) ensure that teachers, schools and employers are indemnified
(b) define conditions under which participants in the program are employed, including hours to be worked and provision of award rates
(c) define the roles of the various bodies involved in the administration of the program *vis a vis* placement in a position and the subsequent follow-up.

4.5 PROVISION FOR THE EDUCATION OF HANDICAPPED CHILDREN IN OTHER LEGISLATION.

Most statutory provision for the education of handicapped children is via the various Educational Acts but some provision comes under other legislation, usually health or welfare. As an example of this, in Tasmania some handicapped children are provided for by the Mental Health Act. These children would presumably include some or most of those exempted from attending any school by legislation in the Education Act. Education may be catered for by the Mental Health legislation under the heading of hospital treatment.

Section 20-(1) "An application for admission for treatment may be made in respect of a patient on the grounds -

(a) that he is suffering from mental disorder being -

> (i) in the case of a patient of any age, mental illness or severe subnormality; or
>
> (ii) in the case of a patient who has not attained the age of twenty-one years psychopathic disorder or subnormality

and that the disorder is of a nature or degree that warrants the detention of the patient in a hospital for medical treatment, and

> (b) that it is necessary in the interests of the patient's health or safety or for the protection of other persons that he should be so detained."

"Medical treatment" includes nursing, and also includes care and training under medical supervision.

As long as mental retardation continues to be defined as a mental disorder there will be a dichotomy of provision regarding the education of mentally handicapped children and the resultant lack of provision for some of them. Recommendations for the changing of this confusing legislation go back many years. In 1956 a joint statement from the Department of Education and the Director-General of Medical Services in Tasmania recommended to Cabinet that it was the responsibility of the Education Department

> "to provide educational opportunities of an appropriate type for all children who are of school age or who are enrolled at schools or pre-schools, whatever their mental status."

and for the Health Department to

> "provide hospitals and clinics for the physical and psychiatric disorders in persons of all ages, provided that where psychiatric clinics for children under school age or still attending school are provided, the Education Department shall be consulted in all cases where factors affecting the readiness or progress of the children concerned or of other children are apparent or probable."

In 1974 the Queensland branch of the Australian Psychological Society recommended that drug dependancy and mental retardation should not be considered forms of mental disorder and thus not be provided for by the Mental Health Act in that state. The education of mentally handicapped children in Queensland is also a provision in the Backwards Persons Act (1938) administered by the Minister for Health.

At a federal level there is some provision for the education of the handicapped in the Handicapped Persons Assistance Act (1974). This act provides for assistance towards the provision of facilities (including training facilities and therefore education) of "handicapped children, disabled persons and certain other persons." The need to amend this Act has already been indicated in the 1975 Report for the Triennium 76-78 (page 179, 15.38) of the Schools Commission.

4.6 TRENDS IN LEGISLATION

Any study of legislation for the education of handicapped children in Australia would be incomplete without some consideration of world-wide trends in this area.

In Great Britain (specifically in England and Wales) since 1970 no handicapped child within the age limits of the education system is outside the scope of that system. Children previously classified as unsuitable for education at school are now accommodated by the Education Act and no longer are local health authorities responsible in this area. In other words it is now accepted that education is truly the right of every child.

In the U.S.A. federal legislation providing for the education of handicapped children is very extensive. Every handicapped child is entitled to a free public education, and this includes physical education. Incentive grants are available to individual states to provide education for handicapped children of pre-school age, i.e. of three to five years. Legislation also lays down comprehensive guidelines for the continual assessment of handicapped children. In Australia no such equivalent legislation exists. A useful review of recent federal legislation in the United States for the education of handicapped children is provided by Shaddock (1977).

It is unacceptable that the educational opportunities granted to some handicapped children should be denied to others by virtue of political boundaries, or that any child be excluded from education services.

A further area of legal concern is that of advocacy for children with handicaps and their families. Wolfensburger (1971) refers to a citizen advocate as "a mature, competent citizen representing as if they were his own the interests of another citizen who has impaired instrumental competency or who has major expressive needs which are unmet and which are likely to remain unmet without special supervision" (p.6).

It is anomalous that legal aid services exist for other groups such as the disadvantaged or ethnic minorities, but that the handicapped remain largely voiceless. That more needs to be done is undeniable, but until the rights of Australians generally are more firmly guaranteed, it seems likely that services for handicapped children will continue to be provided on a largely *ad hoc* basis.

4.7 SUMMARY

Legislative provision for special education in Australia is seen to be in disarray, and this is mainly due to the idiosyncratic development of the Acts which underlie special educational provision. It is unfortunate that, in some states, these Acts may be used to exclude some children from educational opportunities. Clearly, an effort must be made to provide legislation throughout Australia to ensure basic uniformity of provision. The development of such legislation may well find its roots in this brief overview and in other documents such as the report of the Advisory Council on Special Education in Queensland and the Report of the Victorian Working Part on Special Education. Also, in the light of the obvious need for coordinating and updating some of the legislation for educational provision for the handicapped, there is a real need for research into international aspects of legislation which might be considered to be the blue-print for policy development in the field of special education. We recommend that such international socio-legal research be undertaken as a matter of urgency. Furthermore, interdepartmental co-operation between health, welfare and education departments is needed since educational provision at present may be partly the responsibility of any or all of these three agencies. Another area of research involves the interpretation of relevant Acts in the states and territories. There is some evidence that, although an Act specifies certain parameters (such as school starting and leaving ages) these do not agree with practice. Such inconcistencies need to be eliminated. Finally, in the light of discussions about the possibility of a Bill of Rights for Australia, it is important to specify the need for education for all handicapped persons. In the belief that no child is ineducable we must ensure that primary responsibility for such provision is vested in state and territory Departments of Education.

Chapter 5

NON-GOVERNMENT PROVISIONS

5.1 THE SCOPE OF NON-GOVERNMENT PROVISIONS

Non-government provisions in special education are centred on segregated schooling provided by voluntary community organizations and schooling provided through the Catholic Education Commissions, or other Church organizations. For instance, the Catholic Church in Queensland provides a pre-school service for deaf children, a school for severely handicapped boys and a guidance, counselling and resource teacher service to assist disabled students in regular schools. Therapy and residential facilities are also provided for fifty orthopaedically handicapped students.

Similar services are offered in other states. In Victoria, for example, the Larmenier Special School provides short-term withdrawal for children with severe emotional/behavioural problems, and a deaf unit operates at one non-catholic independent school in Victoria.

5.2 VOLUNTARY ORGANIZATIONS AND SPECIAL SCHOOLING

The role played by voluntary organizations in special education has a particular place in Australian special education. While this role is basically the same in most states, its expression varies depending on the interaction between voluntary and government agencies in service development and, especially, the subsidy arrangements developed in each State.

In 1953 a small group of parents supported by members of the Brisbane community met to form an association to assist moderately mentally retarded children. The decision to form such an association was the direct result of there being no schooling available for these children, and no prospect of the State Education Department providing such schooling. By 1956 sufficient funds were in hand, due largely to the support of the Courier Mail newspaper and Brisbane Lions Club, and a school was opened.

This experience has been repeated time and again in countless cities and towns in every continent during the last quarter of a century. The formation of such groups represents the recent revival of voluntary effort to assist mentally handicapped children. The same voluntary movement has also sought to assist other groups of handicapped children, especially those who are cerebral palsied and orthopaedically handicapped. Before this revival, moderately and severely mentally handicapped children generally had been secluded by their parents in their homes, or confined in institutions designed to segregate and control the mentally ill and retarded. Some of these institutions made no move to provide any form of schooling for more than one hundred years after their founding (see Chapter 10).

Voluntary associations as we know them today had their origin in the charitable and philanthropic efforts for the pauper, destitute and sick populace of the western world that accompanied the industrial revolution, and in the charitable activities of the church. Later, the welfare state was born, when governments were forced to accept that the state must bear the burden of relief from destitution and disability among its citizens. Australia is held to be one of the western countries that were the first social laboratories in these changes, though the level of charitable support for public institutions was very low for a number of decades after settlement.

The change from private philanthropy to State responsibility for charitable services during this period caused a struggle in most countries, but when achieved, it did not mean the demise of the voluntary groups. In some cases it strengthened them and increased their numbers.

In a survey of mental health facilities in Australia undertaken in the early 1950s, when many voluntary groups were being established, Stoller (1955) reviewed services for the mentally handicapped. In addition to surveying government activities through health or mental hygiene departments, he commented, for example, on the activities of education and welfare authorities and voluntary organizations. His review traced the position in the establishment of voluntary association services for the mentally handicapped during 1952-53 as follows:

> *New South Wales*
>
> The Subnormal Children's Welfare Association was providing school programs for 300 pupils, and had a waiting list of 250. Besides the State Office at Ryde (Crowle House) there were programs at 12 other metropolitan and country centres.
>
> *Victoria*
>
> Voluntary community groups had set up a number of day centres for mentally handicapped children, including those at Warracknabeal and Oakleigh.
>
> *Queensland*
>
> The Queensland Subnormal Children's Welfare Association, founded in Brisbane in 1953, was attempting to provide a program for these children. Some 55 children were attending their Brisbane centre by the end of 1954.
>
> *South Australia*
>
> The Retarded Children's Welfare Society had been organized, but no major program development had occurred.
>
> *Western Australia*
>
> In this state the Slow Learning Children's Group of Western Australia had been established with a number of branches. A day centre operated at Victoria Park.
>
> *Tasmania*
>
> The Retarded Children's Welfare Association of Tasmania had been established and had branches in six centres. The Association had developed the Talire Centre which enrolled 24 retarded children, with a waiting list of fourteen.

Developments in this area in Victoria were later promoted by a strong group of organizations operating day training centres through the support of the Mental Health Authority of that state. Figure 5.1 shows clearly growth in the numbers of these centres, and the stimulus given by that Authority.

This present-day voluntary movement is a modern expression of charitable and philanthropic effort in support of the needy that has been a hallmark of western communities for some centuries. After two world wars and a world depression it has taken on all the idealism and determination of its predecessors. During the last decade, it has added strength to its education work through the establishment of sheltered workshops and community residential programs. Many voluntary groups have grown into large and complex organizations, some with annual budgets of millions of dollars. For example, the Queensland Subnormal Children's Welfare Association, whose founding was described above, and which grew out of the small band of citizens who established the first voluntary school for mentally handicapped children in Brisbane, expended nearly six million dollars in the 1977-78 financial year on operating costs alone.

Many of these voluntary associations have recently developed their programs and extended their interests at a rapid rate. Their efforts have enabled schooling to be extended to nearly all handicapped children in Australia who live at home. Furthermore, largely as a result of their efforts public attitudes to the handicapped have been changed, a new professional interest in the handicapped has emerged, and life within the community is now possible for many handicapped persons who in former years would have lived in seclusion and near total dependence on others. It is also to their credit that governments in Australia have been prompted to change their approach to the problems of the handicapped, and have regularly increased their support of the activities of the voluntary groups.

It is interesting to note that of all government special schools for handicapped children that were established prior to 1973, except those for the mentally handicapped, 68 percent had been founded by voluntary organizations. Figures in Table 2.3 (Chapter 2) of this report also show

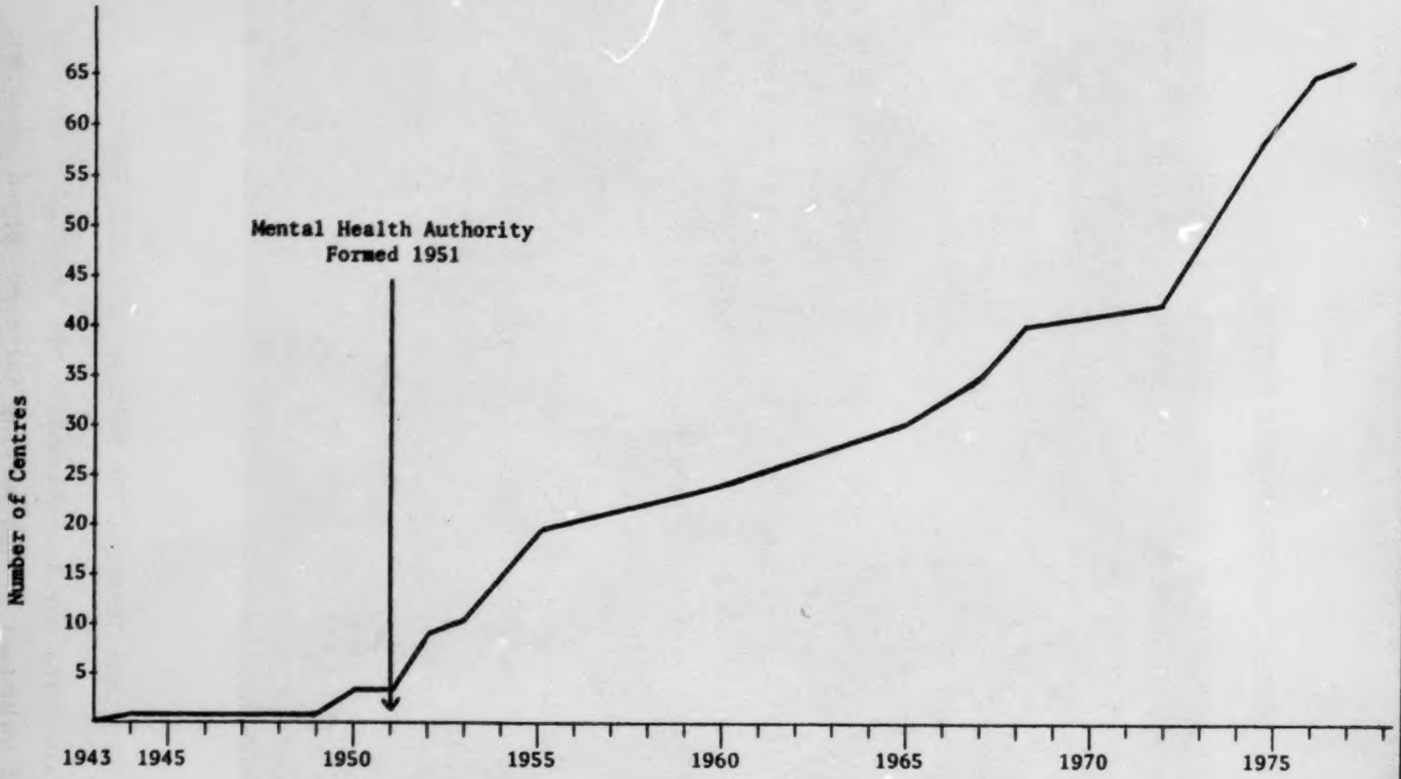

Figure 5.1: Growth of day training centres in Victoria 1943-1977.
(Includes those which have become Special Development Schools since 1976).

(Source: Report of the Victorian Committee on Mental Retardation, August 1977).

that, in 1976, 38 percent of special schools in Australia were operated by non-government organizations, and that they accounted for 23 percent of all special school enrolments.

5.3 MAJOR FEATURES OF CURRENT NON-GOVERNMENT PROVISION

There are special education or related services for handicapped children operated by voluntary organizations and church authorities in every state. As far as voluntary groups are concerned, they are more active in providing school services in the three larger states of New South Wales, Victoria and Queensland. In New South Wales, voluntary groups provide for some moderately and severely mentally handicapped children, for some visually and auditorily impaired children, and autistic children.

Voluntary groups in Victoria provide schools for visually impaired and blind children, and day training centres for some of the moderately and severely mentally handicapped group. This latter program is actively undertaken with the support of health authorities. Some involvement also exists for cerebral palsied, deaf and autistic children.

In Queensland, a number of groups are still active in providing education and related services. A recently submitted report by the Queensland Advisory Council for Special Education (1979) gives an up-to-date review of these provisions. In all, nearly 1200 handicapped children were being catered for in 1978 in education services provided by voluntary groups. The largest of these groups, the Queensland Subnormal Children's Welfare Association, itself provides schooling for some 1000 mentally handicapped children. Other groups provide for cerebral palsied, multiply handicapped and autistic children.

5.4 THE FUTURE OF VOLUNTARY ORGANIZATION SPECIAL EDUCATION SERVICES

The year 1973 saw moves which could enable the eventual fulfilment of a major aim of most voluntary groups working for handicapped children; that of full government responsibility for the education of all children in those states where this has not yet been realized. This step was recommended by the Interim Committee for the Australian Schools Commission in their report *Schools in Australia* (Karmel Report). The action of the Commonwealth government in accepting the recommendation to grant enabling funds for the States to assume responsibility for the education of all children was not entirely unexpected. For example, as a result of submissions made to it, including those from voluntary groups, the Senate Standing Committee on Health and Welfare had recommended in 1971 that

> "...those states which have not taken full responsibility for the provision of free and compulsory education for all handicapped children should take immediate steps to do so". (page 30).

Education for all children as a right, regardless of degree of handicap, has been a major aim of the voluntary movement in Australia for some twenty-five years. Yet the recommendation in the Karmel Report presented voluntary groups with the challenge of how to respond to the current willingness of governments (see Chapter 3) to take up the educational responsibility which, in the past, they alone were prepared to shoulder. A positive response has been made by many of these organizations and some one-third of all the groups in Victoria and New South Wales have sought government assumption of their school activities.

There are other groups, however, who do not wish to release control of this area of subsidized activity. Concern has been expressed as to whether state education departments would follow in the long term the same admission policies and procedures as the voluntary groups had (such as the children provided for by a school), whether government financial support would be adequate to maintain and improve the programs established, and whether the handicapped children involved would receive an education fully appropriate to their life needs. These, and other concerns of voluntary organizations, need further identification and discussion within the states.

In a number of recent reports the Schools Commission and the National Advisory Council for the Handicapped have both recommended increased responsibility by state education departments for the education of all handicapped children, with a view to ensuring quality education for these children in the future. In its report the Special Education Advisory Group of the Schools Commission also recommended that state education authorities should be responsible for the education programs of all handicapped children. On the basis of all the evidence put forward this view is also supported by the present survey. However, the following suggestions are made for the effective conclusion of this matter.

The Commonwealth government needs to:

* Review the Handicapped Persons Assistance Act, 1974, to direct all funding for special education training centres for children and adolescents through the Schools Commission non-government special education program.

State governments need to:

* Ensure that each state Education Act makes the education of all children, including children with special needs and handicaps, the responsibility of the Minister for Education.
* Under legislation, provide for approval by the Minister for the establishment, supervision and inspection of all non-government special education programs.
* Enter into meaningful discussions with voluntary organizations which ensure that when government system assumption of responsibility for voluntary programs is achieved, appropriate education will be provided for all handicapped children, including those already in such programs, and that adequate levels of support staff and multi-disciplinary contributions will occur.
* Ensure that where the facilities of voluntary organizations continue to be used for school programs, adequate financial compensation is made to those groups for their investment in the facilities.
* Ensure that all education and related services to handicapped children are staffed by persons qualified in their respective fields of expertise, in every state.

Voluntary organizations need to:

* Review their education provisions in the light of changing social and educational conditions in Australia.
* Consider the role they can best play in the total pattern of provisions for the handicapped.

- Where they do make special education or related provisions, seek active contacts for these programs with other educational and relevant services, preferably under the supervision of state education departments.

5.5 SUMMARY

Non-government special education services have been a significant part of provision in this field for more than two decades. This chapter has reviewed some aspects of this provision and suggested ways in which some difficulties currently existing can be alleviated. The weight of evidence put forward suggests that a greater degree of responsibility for the education of handicapped children should be assumed by state education authorities, but that full discussions need to be held with voluntary associations to prepare the way for further progress in this area. Above all, a clear public declaration by state education authorities of their acceptance of the responsibility to provide education for all children, regardless of type or degree of handicap, will assist the resolution of present difficulties and a better understanding of the future of these children by the voluntary organizations.

Chapter 6

SOME NATIONAL AND STATE STATISTICS

6.1 INTRODUCTION

It is generally accepted that statistical information in the area of special education, and the handicapped generally, is not adequate. Information provided annually by the Australian Bureau of Statistics from the August 1 schools census does not include information on all children in school programs - particularly those who attend voluntary organization schools or those under the general support or supervision of health and/or welfare departments and (possibly) receiving schooling. The Bureau acknowledges this deficiency, but is seeking to rectify the matter.

At the same time some state education departments do not keep comprehensive data on the handicaps experienced by children, and there is no national basis of recording either this data or the type of facilities they attend.

6.2 1978 AUSTRALIAN BUREAU OF STATISTICS CENSUS

Table 6.1 is extracted from the preliminary figures provided by the Australian Bureau of Statistics for the 1978 schools census. The information is incomplete in respect to non-government school enrolments (see above) although for one state this data is provided in a footnote. In addition to Queensland, however, inadequate information can also be assumed, at least in respect to Victoria and Western Australia. Although the present survey sought to offset these difficulties, complete information on non-government school provisions in the area of special schools and classes cannot be provided due to low response rates to requests for information to both the non-government organizations identified and the non-government special school programs which were approached.

Table 6.1

Students in special schools by system and state: 1978*

State or territory	Government schools			Non-government schools			All schools		
	Primary	Secondary	Total	Primary	Secondary	Total	Primary	Secondary	Totals
NSW	10,356	2,716	13,072	1,401	315	1,716	11,757	3,031	14,788
VIC			5,363			470			5,833
QLD			4,506			38*			4,544
SA	2,336	603	2,939	110		110	2,446	603	3,049
WA			2,632						2,632
TAS			829			66			895
NT	236		236				236		236
ACT	473	167	640				473	167	640
Total			30,217			2,400			32617

* Based on Australian Bureau of Statistics data for 1978 school enrolments (preliminary) (Cat. No.4201.0). 1335 students attending special learning programs conducted by the Queensland Department of Health, and non-government voluntary associations in that state, are not included.

6.3 DATA FROM SCHOOLS COMMISSION REPORTS

Data reported by the Schools Commission for August, 1976, indicates 35,268 students in special schools (both government and non-government) and full time classes. These figures are given in detail in Table 6.2.

The Commission's Advisory Group on Special Education attempted in its 1977 Report to break down these figures into a range of handicapping conditions experienced by children in each of the six states, and the type of service offered to them, but the data was so incomplete that a compilation of it on a national basis, to complement that given in Table 6.1, was not possible.

In recent years the Schools Commission has also sought to estimate the number of children in institutional care (see Chapter 10). The first effort to compile data on this important group of handicapped children met with mixed results, and within one year the figures were significantly increased. The latest estimates, for 1977, are reproduced in Table 10.1, indicating a total of 15,450 children and adolescents in long-term care for disability or social reasons, including 299 in treatment centres for the emotionally disturbed, 1638 in residential special schools, and 2337 in centres for the mentally retarded.

6.4 SUMMARY

There are two main problems concerning the present statistical data on handicapped students in Australian schools. First, there are a series of mismatches between figures provided by the Australian Bureau of Statistics, Australian states and territories and previous data provided by the Schools Commission. Secondly these problems are caused by two compounding factors: the time the statistics were compiled (both time of year and year of collection) and the differing definitions of handicapping conditions and provisions between the states and territories. This latter problem is aggravated by different patterns of government and non-government provision throughout Australia.

Table 6.2

SPECIAL EDUCATION PROVISION, AUSTRALIA, AUGUST 1976

State or Territory	Special schools			Full-time special classes			Part-time special classes			Consultative visiting teacher services		Non-government special schools		
	Number of schools	Enrol-ment	Teachers	Number of centres	Enrol-ment	Teachers	Number of centres	Enrol-ment	Teachers	Enrol-ment	Teachers	Number of schools	Enrol-ment	Teachers
N.S.W.	96	6,401	639	361	6,403	482	—	13,688	457	1,150	55	64	1,670	250
Vic.	69	5,256	941	5	30	10	99	2,382	244	422	90	68	2,720	427
Qld	43	3,604	445	28	543	65	139	1,545	139	657	14	28	1,117	116
S.A.	21	1,522	198	116	1,391	189	31	1,100	43	(a)	(a)	5	169	31
W.A.	29	1,480	160	71	1,170	86	45	960	42	304	(b)	10	166	36
Tas.	14	808	90	8	135	37	13	79	44	1	8	—(c)	—	—
N.T.	1	12	2	15	170	17	16	1,440	18	(b)	11	—(c)	—	—
A.C.T.	7	294	52	25	207	38	(b)	—	—	35	16	—(c)	—	—
Total	280	19,377	2,527	629	10,049	924	343	21,194	987	2,569	194	175	5,842	860

(a) Included under 'part-time special classes'.
(b) Not available.
(c) There are no non-government special schools in Tasmania, the Northern Territory or the Australian Capital Territory.

(Source: Schools Commission, Report for the Triennium, 1979-81).

It has been suggested that it is not possible to formalize precise terms for categorizing handicapped students, but we believe a more concerned attempt needs to be made. While we are conscious of the dangers of labelling, without some clearly defined parameters of handicapping conditions we consider that it will become more and more difficult to plan and provide services. This may, indeed, be a research question which should be undertaken in co-operation with all states and territories and with both government and non-government agencies. It is possible that such research could be co-ordinated by the Schools Commission which has for several years attempted to collect and synthesise these figures. One procedure which has been recently suggested in the Warnock Report moves towards a functional definition of handicapping conditions. This procedure may very well overcome some of the present problems of definition.

Chapter 7

HANDICAPPED STUDENTS IN REGULAR SCHOOLS

7.1 INTRODUCTION

This national survey undertook to provide a wide range of data from schools in Australia to help clarify the position in respect to students with handicapping conditions in regular schools, children with learning difficulties in regular schools, and information on children and adolescents enrolled in special school programs. This chapter is the first of a number to present results from this aspect of the survey, and contains data on the number of students with handicapping conditions who are enrolled in government and non-government regular schools in Australia and the resources these schools have to meet their needs, as well as information on the accessibility of regular schools to children with physical handicaps and using wheelchairs, and principals' attitudes to the integration of handicapped students in regular schools.

Because it was anticipated that the prevalence of handicapped students in regular schools would be low, it was recognized that a sample survey would not provide sufficiently stable prevalence estimates. Therefore all regular schools, including those with special classes or units attached, were surveyed in a census study. For purposes of this school census, emphasis was placed on students with substantial identified handicaps: firstly, those who had been identified and confirmed by a medical practitioner, psychologist, guidance officer/counsellor, specialist teacher, or other relevant professional person, including those students whose parents had indicated the child's condition had been identified by such a professional person and, secondly, any other students whose handicap had been identified by the school but not confirmed by a relevant professional person. This differentiation is important since the unofficially handicapped child may be just as much an educational problem (if not more so) as the professionally diagnosed student. The types of handicap surveyed were defined as follows:

Blindness or visual handicap (requiring braille, large print or low vision aid, not including minor difficulties corrected by spectacles)

Deafness or hearing loss (usually requiring a hearing aid)

Physical handicaps (impaired mobility or manipulative skills such as from cerebral palsy, spina bifida, or orthopaedic handicaps)

Mild mental handicap (such as children sometimes enrolled in 'opportunity' schools/classes, usually in the IQ 55-80 range)

Moderate/severe mental handicap (such as those children sometimes termed 'subnormal' with IQs below 55).

This grouping of handicapped students was used to simplify the identification of the students by the schools. Even so, some school principals reported finding the groups problematic, and found some difficulty in distinguishing between mild mental handicap and learning difficulty in some children, or in recording children who fell into the 'grey area' between these two. Every effort was made to enable clarity on this point, as information on students with learning problems in the basic school subjects was being sought from a sample of 800 regular schools (see Chapter 8) and not from all schools, as was the case with data on identified handicaps.

The questionnaire which comprised the regular school census of identified handicap was sent to 9293 primary and secondary schools in both government and non-government school systems. While every effort was made to ensure that all government and non-government schools were included (excluding special schools), no complete and up-to-date list existed, and the co-operation of state and territory education departments was greatly appreciated in the distribution of questionnaires to all regular schools. Table 7.1 gives the breakdown of this total between these major groups and by state. The final response rate before analysis of the returned questionnaires was undertaken was 51.7 percent, with a higher proportion of government schools responding than non-government schools. The level of response showed some variability between states.

Table 7.2 reports an analysis of these response levels in relation to the total number of regular schools in Australia to which questionnaires were sent. The variations in Table 7.1 even out in this analysis, and the schools responding will be seen to fairly adequately represent all regular schools in Australia. Overall, schools in New South Wales and Victoria tend to be under represented in the group of responding schools, and Queensland and South Australia tend to be over-represented.

Although the level of overall response is not as high as was hoped

Table 7.1

Response rates for regular schools census of students with identified handicaps: by state and system

State or territory	Government schools			Non-government schools			All schools		
	Number sent	Number received	%	Number sent	Number received	%	Number sent	Number received	%
NSW	2178	1073	49.26	710	296	41.69	2888	1369	47.40
VIC	2090	1030	49.28	589	303	51.44	2679	1333	49.76
QLD	1180	734	62.20	334	170	50.99	1514	904	59.71
SA	705	466	66.10	143	74	51.75	848	540	63.68
WA	640	355	55.47	187	43	22.99	827	398	48.13
TAS	236	140	59.32	67	38	56.72	303	178	58.75
NT	113	14	12.39	11	7	63.64	124	21	16.94
ACT*	81	49	60.49	29	10	34.48	110	59	53.64
Total	7223	3861	53.45	2070	941	45.46	9293	4802	51.67

* includes pre-schools

Table 7.2

Response levels as a proportion of the total number of regular schools surveyed:
by state and system

State or territory	Government schools		Non-government schools		All schools			
	Number responding	Percent of all schools responding	Number responding	Percent of all schools responding	Total of schools responding	Percent of all schools responding	Total no. of schools	Percent of all schools
NSW	1073	27.8	296	31.5	1369	28.5	2888	31.1
VIC	1030	26.7	303	32.2	1333	27.8	2679	28.8
QLD	734	19.0	170	18.1	904	18.8	1514	16.3
SA	466	12.1	74	7.9	540	11.2	848	9.1
WA	355	9.2	43	4.6	398	8.3	827	8.9
TAS	140	3.6	38	4.0	178	3.7	303	3.3
NT	14	0.4	7	0.7	21	0.4	124	1.3
ACT	49	1.3	10	1.1	59	1.2	110	1.2
Total	3861	100.0	941	100.0	4802	100.0	9293	100.0

for, there seems to be a reasonable basis for making predictions of overall prevalence of handicapped students in regular schools in the results obtained. Where sample sizes are particularly low, such as is the case of the Northern Territory, further information is provided in an addendum to this chapter.

7.2 HANDICAPPED STUDENTS IN REGULAR SCHOOLS

Of the regular schools which responded to the census of identified handicap, 76.6 percent reported that they enrolled students with identified handicapping conditions. The proportion of government schools enrolling at least one handicapped student was 77.7 percent, and in non-government schools it was 71.9 percent. An analysis by states is given in Appendix A, and also a description of these schools in terms of their enrolment totals, number of staff and teacher-pupil ratios is given in Appendix A. Comparable information is given for the schools which reported that they did not have students enrolled. The information is broken down by government, non-government and all schools by state.

7.3 PREVALENCE OF IDENTIFIED HANDICAPS

We estimate that some 1.96 percent of students enrolled in regular schools in Australia experience a handicapping condition (Table 7.3). This figure is derived from the schools responding to the schools census, and includes both pupils identified by relevant professional persons and by the schools. Overall this figure is made up of 1.48 percent of enrolments identified and confirmed by professional persons, and 0.48 percent identified only by the schools. In addition to this information, Table 7.3 gives prevalence rates for each of the major disability groupings employed on the survey and for government and non-government schools. As would be expected, the highest prevalence rate is for mild mental handicap, at 13.9 per 1000 (1.39%) followed by hearing and physical handicaps at 2.4 and 1.9 per 1000 respectively. Perhaps the most interesting figure is that for students with moderate/severe mental handicaps in regular schools, with 1016 such students reported by the responding schools (a prevalence of 0.6 per 1000). Visually handicapped students are also found infrequently (0.7 per 1000) but, unlike moderate mental retardation, visual handicap is a low incidence problem.

It will be noted that the prevalence rates in government and non-government schools are similar, except in the case of students with mild mental handicaps. This can be seen to reflect the specific academic emphasis in many non-government schools, and the provision in state systems

Table 7.3

Prevalence of students with handicaps in regular schools in Australia : by disability and system

Type of handicap	Government schools						Non-government schools						All schools					
	Identified by relevant profession-al persons		Identified by school		Totals		Identified by relevant profession-al persons		Identified by school		Totals		Identified by relevant profession-al persons		Identified by school		Totals	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Visual	879	.07	157	.01	1036	.08	145	.05	25	.01	170	.06	1024	.06	182	.01	1206	.07
Hearing	2920	.22	455	.03	3375	.25	538	.18	136	.04	674	.22	3458	.21	591	.04	4049	.24
Physical	2332	.17	288	.02	2620	.19	495	.16	21	.01	516	.17	2827	.17	309	.02	3136	.19
Mild mental handicap	15288	1.13	5540	.41	20828	1.55	1143	.37	1000	.33	2143	.70	16431	.99	6540	.40	22971	1.39
Mod./severe mental handicap	599	.04	228	.02	827	.06	142	.05	47	.02	189	.06	741	.04	275	.02	1016	.06
All handicaps	22018	1.63	6668	.49	28686	2.13	2463	.81	1229	.40	3692	1.21	24481	1.48	7897	.48	32378	1.96

Government schools		Non-government schools		All schools	
Enrolment of responding schools	1347698	Enrolment of responding schools	305045	Enrolment of responding schools	1652743
Total number of teachers	75263	Total number of teachers	16608	Total number of teachers	91871

of special classes in regular schools for students with mild mental handicaps. For present purposes, prevalence estimates are based on the data from responding schools. It is unclear whether this is a reasonable procedure, though the consistency of patterns across states and education systems lends support to this view. In the unlikely event that all schools which did not respond to the census of identified handicap had no handicapped children enrolled, prevalence estimates would then be about half those we have presented in this report.

These prevalence rates are broken down into type of identification, disability and state in Appendix A. Higher levels of professional identification of students with hearing handicaps occur in both government and non-government regular schools in the Northern Territory.

The prevalence of professionally identified handicaps in government regular schools is consistent over the states in the majority of cases. Thus prevalence of visual handicaps is similar in government schools across the nation, but is noticeably higher in non-government schools in the Northern Territory. The stability of this variation is difficult to judge since it is based on the identification of only six children. The marked difference in prevalence rates between professional and school-based identification of physical handicap lends credence to the conservative nature of school judgements that children are handicapped in the absence of a professional diagnosis.

Variability in the prevalence rates for mild intellectual handicap appears to be largely accounted for by the inclusion of children in special classes attached to regular schools in some states. The low proportion of professionally identified mildly intellectually handicapped children in Victoria may also result partly from a more functional (rather than IQ-based) assessment of slow learners.

7.4 STAFF RESOURCES AND HANDICAPPED STUDENTS

In general, those regular schools with handicapped students were very likely to have some support services for those students (Table 7.4). The degree of support is not discussed here and schools were attributed with having support services whether these were extremely minimal or very adequate. The finding that in some states up to 17 percent of schools did not even have minimal support services is disturbing, since this might indicate that some handicapped pupils in mainstream schools had no specialist help at all.

Table 7.4

Percentage of schools with either professionally or school identified handicapped students having support personnel serving these students : by state and system

State	Government schools			Non-government schools			All schools		
	Number of schls. with handicapped students	Number with personnel	%	Number of schls. with handicapped students	Number with personnel	%	Number of schls. with handicapped students	Number with personnel	%
NSW	867	821	94.69	200	145	72.50	1067	966	90.53
VIC	774	706	91.21	223	200	89.69	997	906	90.87
QLD	539	452	83.86	141	116	82.27	680	568	83.53
SA	394	373	94.67	52	43	82.69	446	416	93.27
WA	259	238	91.89	27	25	92.59	286	263	91.96
TAS	122	121	99.18	23	18	78.26	145	139	95.86
NT	14	13	92.86	6	6	100.00	20	19	95.00
ACT	31	31	100.00	5	5	100.00	36	36	100.00
AUSTRALIA	3000	2755	91.83	677	558	82.42	3677	3313	90.10

However, we must recognize that there are handicapped students who perhaps do not require specialist facilities. It would be useful to know whether those students in regular schools who do not have support services consider that they are fairly treated. This is a research question which we cannot answer here. We have not determined whether schools with little or no support services are predominantly in isolated parts of Australia, and this should also be examined. Finally, we must point out again that state differences in this respect indicate differing policies and delivery systems, and are also affected by the different response rates.

7.5 ACCESSIBILITY OF REGULAR SCHOOLS TO PHYSICALLY HANDICAPPED STUDENTS

An analysis of accessibility to schools for handicapped students was made only within the set of schools which reported present enrolment of handicapped students.

It is clear from Table 7.5 that most regular government schools enrolling handicapped pupils have no wheelchair access (79.5%). Only 1.5 percent were purposefully designed for access, with 2.6 percent specifically modified for this purpose. Only 8.9 percent of schools considered that their construction style did not require modification to allow for wheelchair access. A similar picture is obtained from the responses of non-government schools (Table 7.6), although a greater percentage (17.6%) considered that their buildings were accessible without further modification, and fewer, overall, considered that there was no wheelchair access (62.0%).

Few non-government schools reported specific modification to allow access by persons in wheelchairs. Table 7.7 shows combined government and non-government figures.

It is important that buildings are designed with specific accessibility features. Indeed, in the United States of America it is now illegal to construct any public building without appropriate accessibility for the handicapped. Our data indicate that even schools which reported having seriously handicapped children, including 5,662 diagnosed as having a physical handicap, had very poor overall accessibility. All new schools and other public buildings should be designed specifically for wheelchair access. This is not only because some schools have enrolled students in wheelchairs, but because the physically handicapped in the community will also need access. How many of the mothers and fathers of students will find great difficulty in gaining access to their children's schools?

Table 7.5

Accessibility of buildings and facilities to students in wheelchairs in those government schools enrolling students with identified handicaps : by state

State or territory	Purposely designed to provide access		Construction style permits access		Modified for access		Partial access		No access		No response	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW	14	1.6	52	6.0	18	2.1	33	3.8	718	82.8	32	3.7
VIC	7	0.9	62	8.0	26	3.4	29	3.7	629	81.3	21	2.7
QLD	4	0.7	22	4.1	2	0.4	8	1.5	501	92.9	2	0.4
SA	11	2.8	51	12.9	18	4.6	17	4.3	273	69.3	24	6.1
WA	3	1.2	64	24.7	10	3.9	6	2.3	159	61.4	17	6.6
TAS	6	4.9	10	8.2	5	4.1	5	4.1	90	73.8	6	4.9
NT	-	-	2	14.3	-	-	-	-	8	57.1	4	28.6
ACT*	-	-	3	9.7	-	-	-	-	8	25.8	20	64.5
AUSTRALIA	45	1.5	266	8.9	79	2.6	98	3.3	2386	79.5	126	4.2

* The high incidence of 'no response' in ACT schools in this table was due to a printing error on the questionnaire.

Table 7.6

Accessibility of buildings and facilities to students in wheelchairs in those non-government schools enrolling students with identified handicaps : by state

State or territory	Purposely designed to provide access		Construction style permits access		Modified for access		Partial access		No access		No response	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW	-	-	30	15.0	2	1.0	9	4.5	138	69.0	21	10.5
VIC	3	1.3	42	18.8	10	4.5	16	7.2	135	60.5	17	7.6
QLD	2	1.4	17	12.1	2	1.4	5	3.5	93	66.0	22	15.6
SA	2	3.8	15	28.8	3	5.8	6	11.5	22	42.3	4	7.7
WA	-	-	9	33.3	-	-	-	-	12	44.4	6	22.2
TAS	-	-	5	21.7	1	4.3	2	8.7	15	65.2	-	-
NT	-	-	-	-	-	-	2	33.3	2	33.3	2	33.3
ACT*	-	-	1	20.0	-	-	-	-	3	60.0	1	20.0
AUSTRALIA	7	1.0	119	17.6	18	2.7	40	5.9	420	62.0	73	10.8

* The high incidence of 'no response' in ACT schools in this table was due to a printing error on some questionnaires.

Table 7.7

Accessibility of buildings and facilities to students in wheelchairs in all those schools enrolling students with identified handicaps : by state

State or territory	Purposely designed to provide access		Construction style permits access		Modified for access		Partial access		No access		No response	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW	14	1.3	82	7.7	20	1.9	42	3.9	856	80.2	53	5.0
VIC	10	1.0	104	10.4	36	3.6	45	4.5	764	76.6	38	3.8
QLD	6	0.9	39	5.7	4	0.6	13	1.9	594	87.4	24	3.5
SA	13	2.9	66	14.8	21	4.7	23	5.2	295	66.1	28	6.3
WA	3	1.0	73	25.5	10	3.5	6	2.1	171	59.8	23	8.0
TAS	6	4.1	15	10.3	6	4.1	7	4.8	105	72.4	6	4.1
NT	-	-	2	10.0	-	-	2	10.0	10	50.0	6	30.0
ACT*	-	-	4	11.1	-	-	-	-	11	30.6	21	58.3
AUSTRALIA	52	1.4	385	10.5	97	2.6	138	3.8	2806	76.3	199	5.4

* The high incidence of 'no response' in ACT schools in this table was due to a printing error on the questionnaire.

7.6 ATTITUDES OF PRINCIPALS TO THE ENROLMENT OF HANDICAPPED STUDENTS

Principals of regular schools were asked an open-ended question "What is your attitude to the education of handicapped children in regular schools? Please comment on the philosophy and/or practice." Responses were categorized and are presented in Table 7.8 by state and territory. About one quarter expressed a favourable attitude without commenting on the practical conditions necessary, and this group would probably include those with a strong belief in the importance of integrated placement. Only about five percent of principals expressed opposition with a further 13 percent not responding. Thus more than half the principals indicated support for the placement of handicapped children in regular schools subject to some conditions. Only 2.1 percent nationally favoured special classes in regular schools, while 7.0 percent favoured regular placement providing it proved beneficial to the handicapped child and classmates. A large proportion, some 14.2 percent, indicated general support but not for certain types or degrees of handicap. The poor accessibility of most existing schools would be clearly relevant to some of these comments. Almost one third (33.2%) supported regular school placement if adequate specialist support and facilities were available. Attitudes in government and non-government schools were in close agreement (Appendix A).

This evidence needs to be considered along with recent Australian studies of attitudes to integration (Ward et al, 1978; Watts et al, 1978) and also with more detailed analyses of integrated placement such as those of spina bifida children (Andrews et al, 1979) and cerebral palsied children (Elkins et al, in press).

7.7 ESTIMATE OF THE NUMBER OF HANDICAPPED STUDENTS IN REGULAR SCHOOLS

Using enrolment data for schools as at 1st Ausgust, 1978, provided by the Australian Bureau of Statistics, and the prevalence figures based on information from the responding schools, Table 7.9 estimates the number of handicapped students enrolled in regular government and non-government schools in Australia. The estimates are also broken down by state and territory. The rounded estimate is that 58,000 students with indentified disabilities are enrolled in regular schools, 85 percent of these in government schools. Although schools in New South Wales enrol approximately 34 percent of all students, higher than average prevalence (presumably due to extensive special class placement) means that more than 45 percent of the handicapped students estimated to be enrolled in regular schools are enrolled in that state. Such variations as this, including the correspondingly low proportion

Table 7.8

Attitudes of principals of all regular schools enrolling handicapped children to the education of those children in regular schools : by state

State or territory	Favourably disposed to handicapped children in regular schools										Unfavourable attitude		No response	
	Idealogically		In special classes in regular schools		Depends on adequate specialist support and/or facilities		Depends on the effect on the child and/or the other children		Depends on the type of handicap and/or degree of handicap					
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW	298	27.9	26	2.4	310	29.1	71	6.7	168	15.7	55	5.2	139	13.0
VIC	213	21.4	6	0.6	351	35.2	98	9.8	138	13.8	60	6.0	131	13.1
QLD	164	24.1	13	1.9	216	31.8	53	7.8	104	15.3	50	7.4	80	11.8
SA	117	26.2	20	4.5	174	39.0	19	4.3	51	11.4	11	2.5	54	12.1
WA	75	26.2	8	2.8	111	38.8	13	4.5	32	11.2	7	2.4	40	14.0
TAS	42	29.0	3	2.1	50	34.5	3	2.1	27	18.6	3	2.1	17	11.7
NT	7	35.0	-	-	5	25.0	1	5.0	1	5.0	1	5.0	5	25.0
ACT	5	13.9	-	-	3	8.3	1	2.8	2	5.6	1	2.8	24	66.7
AUSTRALIA	921	25.0	76	2.1	1220	33.2	259	7.0	523	14.2	188	5.1	490	13.3

Table 7.9

Estimates of the number of handicapped students enrolled in Australian regular schools : by state and system

State or territory	Enrolments as at 1.8.78 for regular schools*	Prevalence rates (Appendix A)	Estimated number of handicapped students
Government schools			
NSW	799084	2.84	22694
VIC	618246	1.30	8037
QLD	341464	1.77	6044
SA	227516	2.02	4596
WA	214668	2.01	4315
TAS	78220	3.54	2769
NT	23898	2.52	602
ACT	39133	2.11	826
Totals	2342229	2.13	49889**
Non-government schools			
NSW	219047	1.32	2891
VIC	206690	.96	1984
QLD	93956	1.05	987
SA	39331	1.67	657
WA	44971	2.22	998
TAS	14331	1.92	275
NT	3383	1.41	48
ACT	14575	.86	125
Totals	636284	1.21	7699**
All schools			
NSW	1018131	2.58	26268
VIC	824936	1.22	10064
QLD	435420	1.63	7097
SA	266847	1.97	5271
WA	259639	2.03	5270
TAS	92551	3.31	3063
NT	27281	2.08	567
ACT	53708	1.81	972
Totals	2978513	1.96	58379**

* Australian Bureau of Statistics, Cat. No. 4201.0. Figures for enrolments in ungraded special facilities deducted. However, Western Australian enrolment totals were modified by that department for comparability.

** Column sums do not agree with total prevalence estimates (row-wise) because of rounding errors.

of the estimated numbers of handicapped students in Victorian schools, compared to total enrolment, reflect the differences in policy and practice between states referred to in an earlier section.

Table 7.10 records estimates of the number of handicapped students in regular schools in Australia, by each type of disability recorded. This includes about 41,000 students with mild mental handicap, 87 percent of whom are expected to be in government schools. Other estimates include 2000 students with visual handicaps, 7000 with hearing handicaps, 5500 with orthopaedic and neurological handicaps and 1800 students with moderate/severe mental handicaps.

Handicapped students may be educated in regular schools with varying degrees of integration. We were able to determine that certain regular schools which responded to our census had full-time special classes (which were presumably mostly for handicapped children). By excluding these schools, we were able to establish prevalence figures for regular schools which did not have special classes, and the data are presented in Appendix A. In general the effect of this on estimates of prevalence was to produce only a slight reduction in those states which had overall prevalence rates of less than 2.0 percent, especially Victoria, Queensland and Western Australia, while the higher value of 3.3 percent for Tasmania reduced to 2.9 percent, New South Wales dropped from 2.6 percent to 2.0 percent and South Australia from 2.0 to 1.5 percent. Data from ACT and Northern Territory may be based on too small overall numbers to warrant further interpretation.

Data supplied by the Northern Territory Education Department indicate the total prevalence of handicap in all government schools with certain provisos (see Appendix A, Table A7.14). However, these figures have been collated on a different basis to our census study and include children in regular schools, special units and special schools. It is also true that hearing impairment is regarded differently, since conductive hearing loss among aboriginals is excluded. Also many handicapped children in regular schools who are served by resource teachers have not been included in Table A7.14 (Appendix A).

However approximate this attempt at estimation of integrated placement may be, there would seem to be grounds for believing that the majority of handicapped children in regular schools are not placed in full-time special classes attached to (or formed within) those schools.

Table 7.10

Estimates of the number of handicapped students enrolled in Australian regular schools : by disability and system

Type of handicap	Government schools			Non-government schools			All schools		
	Enrolments as at 1.8.78	Preval-ence rates (%)	Estimated number of handicapped students	Enrolments as at 1.8.78	Preval-ence rates (%)	Estimated number of handicapped students	Enrolments as at 1.8.78	Preval-ence rates (%)	Estimated number of handicapped students
	2342229			636284			2978513		
Visual		.08	1874		.06	382		.07	2085
Hearing		.25	5856		.22	1400		.24	7148
Physical		.19	4450		.17	1082		.19	5659
Mild mental		1.55	36305		.70	4454		1.39	41401
Mod/severe mental		.06	1405		.06	382		.06	1787
All handicaps		2.12	47887		1.21	7699*		1.96	58379*

* Column sums do not agree with prevalence estimates for all handicaps (row-wise) because of rounding errors.

7.8 SUMMARY

Approximately 2 percent of pupiles enrolled in regular schools in Australia have an identifiable handicapping condition. This figure does not include two other major groups of children, those with learning difficulties and those with behaviour problems. These latter groups comprise a larger proportion of children with speial needs in regular schools, and are discussed in the following chapter.

That over 58,000 children in regular schools have, or are judged by their schools as having a handicapping condition is one indication of changing policies and attitudes to the handicapped throughout Australia. Moves towards educational integration, however controversial, are only part of a wider movement to provide the handicapped with as normalizing an environment as possible within the mainstream of the community. It is important to note, however, that appropriate professional help in schools has not always accompanied the implementation of this philosophy, nor has there been any significant national attempt to ensure that the schools accepting such students, including their facilities, are accessible to them.

The above figures do indicate an Australia-wide attempt to provide handicapped students with an education in the "least restrictive" environment, but the need for additional professional and other support for such students, and their teachers, is also evident. In presenting these findings we are conscious that the remoteness of a questionnaire-based methodology does not permit us to make judgements regarding the quality of the educational experiences of handicapped children in regular schools.

Chapter 8

STUDENTS WITH LEARNING AND BEHAVIOURAL DIFFICULTIES IN REGULAR SCHOOLS

8.1 INTRODUCTION

Students with learning and/or behavioural difficulties are frequently cited as an important target group for support services in regular schools, as well as a group for whom regular classroom teachers need appropriate preparation to teach. As indicated in the introduction to Chapter 7, school principals and teachers frequently find it problematic to distinguish between students with learning difficulties and those with below average levels of mental ability. But such a distinction is of more relevance in a theoretical account of the causes of poor educational achievement than in the practical issues which pertain to providing suitable education for all students. For this reason, the information discussed in this chapter was obtained without reference to mental ability or under-achievement. In Chapter 7, a prevalence rate of 1.39 percent of all students judged to have mild mental handicaps was established (Table 7.3), and this enabled an estimate of some 40,000 students nationally with this disability to be made. This chapter is concerned with a larger group of students who are characterized more by the inability of schools to meet their needs than by any inherent major disability.

As part of the survey, an attempt was made to obtain information from regular schools on the numbers of students with learning and behavioural difficulties they had enrolled, and the resources schools have to meet their learning and adjustment needs, in particular the numbers of staff with relevant training.

To obtain this information, over and above that sought from regular schools on students with handicapping conditions, a sample of regular schools was drawn with the assistance of the Australian Council for Educational Research. This sample of approximately 800 schools was made up of 100 schools (60 primary and 40 secondary) from each of the six states, and all schools in the two territories. The basis of the sampling employed is outlined below.

The target population was the above set of schools in each state excluding the very small schools in the government sector as follows:

State	Schools excluded
NSW	Classes 3 & 4
Vic.	Class 3
Qld.	Classes 4-6
SA	Groups 3 & 4
WA	Class III & IV
Tas	Classes 5 & 6

but including all schools in the Northern Territory and Australian Capital Territory. Since the school is the basic unit of analysis, rather than the individual respondent, it was appropriate to draw a simple random sample of schools without further reference to their size.

The schools (in the states) were selected at random from the set of eligible schools. In practice, selection was made on the basis of a random start - constant interval method. The sampling frame generally stratifies schools by government, Catholic and independent schools, and by metropolitan/non-metropolitan schools within these categories. Within each stratum, schools are listed in postcode order. This ensures a thorough geographical distribution of schools across each state, and the order of sample schools on the list reflects the stratification system.

The final sample contained 60 primary and 40 secondary schools drawn from each of the six states, 118 from the Northern Territory and 110 from the Australian Capital Territory.

The information in the ACER sampling frame about the Australian Capital Territory and the Northern Territory schools proved to be not sufficiently accurate to be used as the basis for completing the target population of schools. It was necessary therefore to obtain lists of schools from the relevant authorities. In general, the information in the sampling frame was for 1975, and some of the schools listed had closed.

Schools with both primary and secondary classes were included in the sampling frame at both primary and secondary levels. However, individual schools were selected at only one of these levels. When the invitations to participate were sent out, they stated clearly the level at which schools should respond.

In the questionnaires compiled, students with learning difficulties were defined as those "who display *continuing difficulty in basic school learning* such that they *fail to respond to the usual range of teaching strategies* employed by regular classroom teachers and who, in the principal's opinion, require the support of specially trained personnel". Students with behavioural difficulties were defined as those "who display *continuing behavioural and adjustment difficulty* such that they *fail to respond to the usual range of management strategies* employed by regular classroom teachers and who, in the principal's opinion, require the support of specially trained personnel".

The questionnaire on students with learning and/or behavioural difficulties was forwarded to the 828 primary and secondary schools, in both government and non-government systems. This represented 8.9 percent of all regular schools in Australia. Table 8.1a and 8.1b indicate the respective response rates in each state.

The higher responses from some states (Queensland and Western Australia) tend to bias the data toward the position of schools in those states. Furthermore, the overall level of response was low, but the resources available for the survey did not make it possible to employ the follow-up procedures apparently needed to increase the level of returns. It can be noted that all schools receiving this questionnaire on students with learning and/or behavioural difficulties also received

Table 8.1a

Regular schools sample of students with learning and behavioural difficulties : response by state

State	Primary schools			Secondary schools			All schools		
	No. sent	No. of valid questionnaires received*	%	No. sent	No. of valid questionnaires received	%	No. sent	No. of valid questionnaires received	%
NSW	60	18	30.0	40	15	37.5	100	33	33.0
VIC	60	13	21.7	40	19	47.5	100	32	32.0
QLD	60	30	50.0	40	20	50.0	100	50	50.0
SA	60	22	36.7	40	18	45.0	100	40	40.0
WA	60	29	48.3	40	20	50.0	100	49	49.0
TAS	60	19	31.7	40	20	50.0	100	39	39.0
NT	87	11	12.6	31	3	9.7	118	14	11.9
ACT	81	33	40.7	29	14	48.3	110	47	42.7
Total	528	175	33.1	300	129	43.0	828	304	36.7

* The number of questionnaires received usually equals the number of valid (for the purpose of the survey) questionnaires; however in some cases, e.g. the ACT, questionnaires were received from pre-schools. These are not included in the response rates

Table 8.1b

Distribution of response: government and non-government schools

	Government			Non-government			All schools		
	Sent	Received	% from each area	Sent	Received	% from each area	Sent	Received	% from each area
NEW SOUTH WALES							100	36	36.0
metropolitan	29	11	37.9	17	1	5.9	46	12	26.1
non-metropolitan	34	16	47.1	20	8*	40.0	54	24	44.4
VICTORIA							100	32	32.0
metropolitan	31	9	29.0	17	8	47.1	48	17	35.4
non-metropolitan	36	12	33.3	16	3*	18.8	52	15	28.8
QUEENSLAND							100	50	50.0
metropolitan	17	9	52.9	18	9	50.0	35	18	51.4
non-metropolitan	51	22	43.1	14	10	71.4	65	32	49.2
SOUTH AUSTRALIA							100	40	40.0
metropolitan	36	18	50.0	20	2	10.0	56	20	35.7
non-metropolitan	39	18	46.2	5	2	40.0	44	20	45.5
WESTERN AUSTRALIA							100	51	51.0
metropolitan	33	19	57.6	17	8	47.1	50	27	54.0
non-metropolitan	35	17	48.6	15	7*	46.7	50	24	48.0
TASMANIA							100	41	41.0
metropolitan	19	9*	47.4	5	2	40.0	24	11	45.8
non-metropolitan	65	25	38.5	11	2	45.5	76	30	39.5

* Note that as each state was sent 100 questionnaires, the response rates serve as a state percentage for those sent. These figures include questionnaires received which were not valid e.g. refusals, incorrect responses, special schools. The A.C.T. and the Northern Territory were not included in the sampling technique.

that for children with identified handicaps, but the response rate for the latter questionnaire was much higher (see Chapter 7).

However, on the basis of the replies from 304 regular schools*, and recognizing the variation in response levels over the states and territories, an analysis of the data was undertaken to seek to portray the extent and characteristics of students with these difficulties.

Tables 8.2 to 8.4 give a broad analysis of this information, in terms of the students with learning and behavioural difficulties identified by the schools, and those with resources available to them to cope with these difficulties. The prevalence rate of learning difficulties in the government schools responding was 11.60 percent, with fairly equal proportions of boys and girls between primary and secondary schools, and total students over primary and secondary schools, but with a significant difference between the proportions of boys and girls within both primary and secondary schools. The prevalence rate in non-government schools was lower, at 8.24 percent, but the prevalence rates between primary and secondary schools were more variable than in government schools. However some trends are evident. The prevalence of learning difficulties for all students in all schools was 11.01 percent.

For behavioural difficulties the prevalence rate was 3.22 percent for all schools, with a higher rate in government schools. Behaviour problems are indicated to be more frequent in boys than girls, and in secondary schools than in primary schools.

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* *While the sample employed (828 schools) was 8.5 percent of all regular schools in Australia, the response from 304 schools (36.7 percent of the sample) was 3.3 percent of all regular schools.*

Table 8.2

Prevalence of students with learning and behavioural difficulties and support for those students in 128 government primary schools and 100 government secondary schools in Australia *

		Students with learning difficulties					Students with behavioural difficulties				
	Total school enrolments	No.	%	No. with support	%	(%)	No.	%	No. with support	%	(%)
Primary											
Girls	23833	1992	8.36	910	3.82	(45.68)	300	1.26	77	0.32	(25.67)
Boys	24875	3592	14.44	1732	6.96	(48.22)	1146	4.61	196	0.79	(17.10)
Girls & Boys	48708	5584	11.46	2642	5.42	(47.31)	1446	2.97	273	0.56	(18.88)
Secondary											
Girls	28820	2588	8.98	1488	5.16	(57.50)	822	2.85	493	1.71	(59.98)
Boys	28578	4139	14.48	2293	8.02	(55.40)	1364	4.77	615	2.15	(45.09)
Girls & Boys	57398	6727	11.72	3781	6.59	(56.20)	2186	3.81	1108	1.93	(50.69]
All students	106106	12311	11.60	6423	6.05	(52.17)	3632	3.42	1381	1.30	(38.02)

* In this and the following two tables percentages in parenthesis give the proportion of children with the relevant difficulties who are receiving support from trained persons for their difficulties, whether that support is provided to the classroom teacher or to the child directly.

Table 8.3

Prevalence of students with learning and behavioural difficulties and support for those difficulties in 47 non-government primary schools and 29 non-government secondary schools in Australia *

		Students with learning difficulties					Students with behavioural difficulties				
	Total school enrolments	No.	%	No. with support	%	(%)	No.	%	No. with support	%	(%)
Primary											
Girls	5583	339	6.07	142	2.54	(41.89)	55	0.99	15	0.27	(27.27)
Boys	5466	619	11.32	385	7.04	(62.20)	178	3.26	43	0.79	(24.16)
Girls & Boys	11049	958	8.67	527	4.77	(55.01)	233	2.11	58	0.52	(24.89)
Secondary											
Girls	5456	337	6.18	191	3.50	(56.68)	102	1.87	3	0.05	(2.94)
Boys	6080	568	9.34	334	5.49	(58.80)	171	2.81	30	0.49	(17.54)
Girls & Boys	11536	905	7.85	525	4.55	(58.01)	273	2.37	33	0.29	(12.09)
All students	22585	1863	8.25	1052	4.66	(56.47)	506	2.24	91	0.40	(17.98)

* See footnote to Table 8.2

Table 8.4

Prevalence of students with learning and behavioural difficulties and support for those difficulties in 175 primary and 129 secondary schools : government and non-government schools combined *

		Students with learning difficulties					Students with behavioural difficulties				
	Total school enrolments	No.	%	No. with support	%	(%)	No.	%	No. with support	%	(%)
Primary											
Girls	29416	2331	7.92	1052	3.58	(45.13)	355	1.21	92	0.31	(25.92)
Boys	30341	4211	13.88	2117	6.98	(50.27)	1324	4.36	239	0.79	(18.05)
Girls & Boys	59757	6542	10.95	3169	5.30	(48.44)	1679	2.81	331	0.55	(19.71)
Secondary											
Girls	34276	2925	8.53	1679	4.90	(57.40)	924	2.70	496	1.45	(53.68)
Boys	34658	4707	13.58	2627	7.58	(55.81)	1535	4.43	645	1.86	(42.02)
Girls & Boys	68934	7632	11.07	4306	6.25	(56.42)	2459	3.57	1141	1.66	(46.40)
All students	128691	14174	11.01	7475	5.81	(52.74)	4138	3.22	1472	1.14	(35.57)

* See footnote to Table 8.2

8.2 LEARNING AND BEHAVIOURAL DIFFICULTIES IN PRIMARY SCHOOLS

In order to analyse further the pattern of responses from schools on the question of dealing with learning and behaviour difficulties, the percentages of girls and boys in each grade level who were so identified were calculated (after excluding schools with zero enrolments at any grade level). A preliminary examination suggested that a substantial proportion of schools reported having no students with learning or behavioural difficulties requiring special support, so the distribution of school estimates of prevalence was grouped in a slightly unorthodox manner, viz, intervals of 5 percentage points, such as 1-5%, 6-10%, etc. with 0% being a special interval.

Table 8.5 presents a detailed analysis of the distribution of schools with selected proportions of primary school girls with learning difficulties, by grade level. It will be noted that at year 0*, 52.3 percent of schools reported having no girls with learning difficulties but this changed at year 1 to only 35.4 percent of schools. The percentage of schools reporting no girls with learning difficulties varied over years 1 to 7 between 30.7 and 37.8 percent. The median percentage over all year levels of schools reporting no girls with learning dificulties was 34. The table also indicates that, on the average, 8 percent of girls in the schools experienced learning difficulties. However, the maximum prevalence reported was some 50 percent, suggesting that in a few schools, considerable numbers of girls need special support with their learning. Table 8.6 gives the equivalent information for primary school boys.

Schools' estimates of the prevalence of learning difficulties among boys were consistently higher than for girls, though the general pattern was similar. Year 0 boys again differ from the later years in

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* *Year 0 refers to kindergarten in New South Wales and the Australian Capital Territory; preparatory in Victoria and Tasmania, pre-school in Queensland, reception in South Australia, pre-primary in Western Australia; and Year T in the Northern Territory.*

Table 8.5

Distribution of percentage of schools with selected proportions of children with learning difficulties (primary girls in 175 schools)

Year	Percentage learning difficulties												
	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60
0	52.3	16.9	14.9	2.8	5.6	1.9	1.9	1.9	-	0.9	0.9	-	-
1	35.4	15.2	19.7	13.9	6.9	4.5	3.1	-	0.6	-	0.6	-	-
2	32.3	16.4	22.8	13.9	8.9	2.5	1.9	0.6	-	-	0.6	-	-
3	33.3	12.8	26.0	17.6	5.5	1.2	2.4	0.6	-	-	0.6	-	-
4	30.7	14.7	22.7	15.9	8.0	1.8	0.6	2.4	-	1.2	-	1.2	0.6
5	32.7	14.8	19.8	14.2	8.0	4.3	3.1	1.2	1.2	-	0.6	-	-
6	37.8	14.6	21.4	11.0	5.4	3.1	1.2	1.8	0.6	1.2	1.8	-	-
7	34.1	11.4	22.7	12.5	11.3	3.5	-	1.1	-	-	2.3	1.1	-
Median (rounded)	34	14	22	14	8	3	2	1	0	0	1	0	0

Year	Mean	Median	Modal interval *	Minimum	Maximum
0	5.48	0.02	0	0.0	45.5
1	7.57	4.77	0	0.0	50.0
2	7.74	5.16	0	0.0	46.2
3	7.87	5.88	0	0.0	47.6
4	8.52	6.24	0	0.0	57.1
5	8.29	5.88	0	0.0	46.7
6	7.76	4.19	0	0.0	50.0
7	8.92	6.34	0	0.0	54.6
Median (rounded)	8	5	0	0	49

* Mode is based on 5% intervals except for category 0%

Table 8.6

Distribution of percentage of schools with selected proportions of children with learning difficulties (primary boys in 175 schools)

Year	Percentage learning difficulties																
	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	76-80	96-100
0	42.9	12.3	16.2	11.5	2.6	5.7	1.0	2.8	3.8	-	-	-	1.0	-	-	-	-
1	23.1	10.2	20.5	13.5	11.5	7.1	2.6	1.9	5.1	1.3	1.9	0.6	-	-	-	-	0.6
2	18.6	5.8	21.1	15.4	16.0	8.4	4.4	3.2	2.6	1.9	1.9	0.6	-	-	-	-	-
3	19.5	7.9	17.7	16.5	11.0	7.9	6.7	3.0	4.3	2.5	0.6	-	0.6	0.6	0.6	0.6	-
4	15.5	6.2	21.2	16.7	14.3	7.5	5.6	3.1	3.7	1.9	1.8	0.6	1.2	-	-	-	0.6
5	16.3	6.2	16.3	14.3	12.5	14.4	6.9	3.1	5.0	1.2	2.5	-	1.3	-	-	-	-
6	25.8	7.5	15.8	15.1	9.4	10.7	5.0	3.2	3.1	1.9	1.2	0.6	0.6	-	-	-	-
7	23.8	6.0	13.1	13.1	16.6	6.0	5.9	7.2	3.5	1.2	3.6	-	-	-	-	-	-
Median (rounded)	21	7	17	14	12	7	5	3	4	2	2	0	1	0	0	0	0

Year	Mean	Median	Modal interval	Minimum	Maximum
0	8.25	4.17	0	0.0	57.1
1	13.07	9.10	0	0.0	100.0
2	13.97	11.44	6-10	0.0	53.3
3	15.03	12.00	0	0.0	78.6
4	15.76	11.75	6-10	0.0	100.0
5	16.27	13.36	6-10	0.0	60.0
6	13.34	10.71	0	0.0	63.6
7	14.91	13.06	0	0.0	50.0
Median (rounded)	13	12	0	0	62

having a higher percentage (42.9%) of schools report no boys with learning difficulties as compared with about 20 percent of schools in years 1 to 7. The maximum prevalence reported is higher for boys, and the median is 62 percent. At least one school reported 100 percent prevalence in years 1 and 4. The mean prevalence of learning difficulties in boys was 8.25 percent in year 0; it rose to approximately 15 percent in years 1 to 7. Whereas for girls the modal (most common) prevalence interval was 0 percent, among boys it was in the range of from 6-10 percent in years 2, 4 and 5.

The next two tables (Tables 8.7 and 8.8) give comparable information for girls and boys with behavioural difficulties in the 175 primary schools. The prevalence of behavioural difficulties was much lower than learning difficulties with a median of 83 percent of schools reporting no such female students, and only seven percent of schools reporting more than 5 percent of girls with behavioural difficulties. Nevertheless, in a small percentage of schools the prevalence of behaviour difficulties in girls was reported to be quite high, the maximum levels being about 40 percent.

As with learning difficulties, the prevalence of behaviour difficulties was greater in boys than girls. Table 8.8 indicates that a median of only 56 percent of schools reported no boys with behaviour difficulties at the various grade levels, compared with 83 percent of girls, and a maximum prevalence rate of 63 percent (compared with 40 percent for girls). Thus while more than half of the schools reported a zero prevalence of behaviour difficulties among boys, the mean prevalence was about 5 percent. In a substantial proportion of schools (24%), the prevalence of behaviour problems among boys ranged from 6 to 20 percent, whereas only 7 percent of schools reported a prevalence of behavioural difficulties in girls greater than 5 percent.

8.3 LEARNING DIFFICULTIES, LITERACY AND NUMERACY SKILLS IN PRIMARY SCHOOLS

Retardation in the areas of literacy and numeracy are generally accepted to be the major forms of learning difficulties. The survey sought to identify the extent of any lack of skills in these areas among the students reported to have learning difficulties in the 175 primary schools

Table 8.7

Distribution of percentage of schools with selected proportions of students with behavioural problems (primary girls from 175 schools)

Year	Percentage behavioural problems									
	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	40+
0	87.7	4.8	3.7	1.9	-	0.9	0.9	-	-	-
1	82.8	6.4	5.7	3.8	-	-	-	-	-	1.3
2	84.7	7.0	3.8	2.0	0.6	-	1.2	-	0.6	-
3	82.3	8.6	4.8	3.1	-	-	-	0.6	0.6	-
4	80.2	11.8	4.9	1.9	-	-	0.6	-	-	0.6
5	82.0	9.9	5.6	0.6	0.6	0.6	-	-	0.6	-
6	82.8	9.2	4.3	1.2	0.6	0.6	-	-	-	1.2
7	84.1	9.1	1.1	1.1	2.3	1.1	-	1.1	-	-
Median (rounded)	83	9	5	2	0	0	0	0	0	0

Year	Mean	Median	Modal interval	Minimum	Maximum
0	1.15	.01	0	0.0	30.0
1	1.68	.01	0	0.0	50.0
2	1.52	.02	0	0.0	36.4
3	1.39	.01	0	0.0	40.0
4	1.52	.01	0	0.0	54.6
5	1.30	.00	0	0.0	40.0
6	1.61	.01	0	0.0	50.0
7	1.56	.03	0	0.0	35.7
Median (rounded)	2	0	0	0	40

Table 8.8

Distribution of percentage of schools with selected proportions of students with behavioural problems (primary boys in 175 schools)

Year	Percentage behavioural problems									
	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	40+
0	67.3	14.4	4.8	8.7	1.9	-	1.0	-	1.0	1.0
1	56.1	16.8	15.5	3.2	3.9	1.9	0.6	0.6	-	1.3
2	54.2	14.8	15.5	6.5	2.5	3.1	1.3	-	-	1.9
3	51.5	17.8	15.4	4.9	6.1	0.6	1.3	1.3	-	1.3
4	54.4	16.2	10.7	7.5	6.2	2.5	-	1.9	-	0.6
5	56.0	14.5	13.8	5.7	5.0	2.5	1.9	-	-	0.6
6	58.9	15.2	12.6	6.3	5.1	0.6	-	-	0.6	0.6
7	58.3	11.9	10.8	7.1	4.8	1.2	2.4	-	-	3.6
Median (rounded)	56	15	13	6	5	2	1	0	0	1

Year	Mean	Median	Modal interval	Minimum	Maximum
0	3.81	.02	0	0.0	100.0
1	4.60	.02	0	0.0	100.0
2	5.05	.02	0	0.0	100.0
3	4.99	.02	0	0.0	66.7
4	4.79	.02	0	0.0	58.3
5	4.69	.01	0	0.0	60.0
6	3.78	.02	0	0.0	53.9
7	5.54	.04	0	0.0	50.0
Median (rounded)	5	0	0	0	63

which responded to the request for information. Figure 8.1 indicates that the overwhelming tendency was for schools to regard literacy problems as occurring in almost all students with learning difficulties. The mean percentage with difficulties in areas of literacy was 73.84 (median = 80.35). In contrast the distribution for the proportion with difficulties in mathematics (Figure 8.2) is almost rectangular. The mean percentage of children with learning difficulties who needed assistance in numeracy was 58.37 (median = 64.50).

8.4 LEARNING AND BEHAVIOURAL DIFFICULTIES IN SECONDARY SCHOOLS

Similar information to that presented for primary schools on students with learning difficulties is given in this section for secondary schools. In all, 129 secondary schools responded to the request for information. Table 8.9 gives a detailed analysis of the distribution of percentages of schools with various prevalence rates of girls with learning difficulties, and Table 8.10 gives the same information for boys. It will be noted that 25.5 percent of the schools reported no girls with learning difficulties in year 7, but 71 percent had no such students at year 12. For boys, the corresponding percentages of schools were 3.4 and 63.5 respectively. While the prevalence of students with learning difficulties reduced toward year 12, there were still significant numbers of schools which reported students with learning difficulties at that year level; for boys this was some 37 percent of schools.

The same trends can be seen in the data on behaviour difficulties, with approximately 88 percent of schools reporting no students with behaviour difficulties at year 12 level (Table 8.11 and 8.12). In the early years of secondary schooling however the incidence of behavioural difficulties is higher among boys than girls.

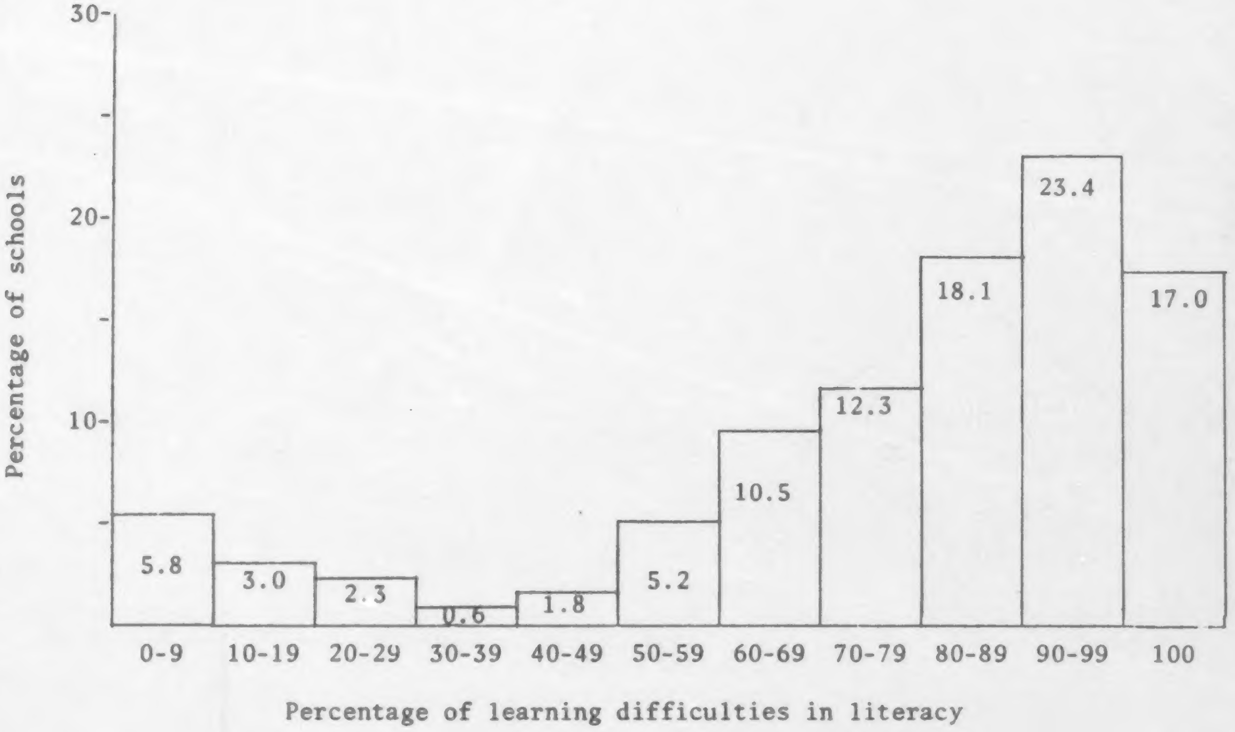

Figure 8.1: Distribution of primary schools with selected proportions of learning difficulty students with problems in literacy.

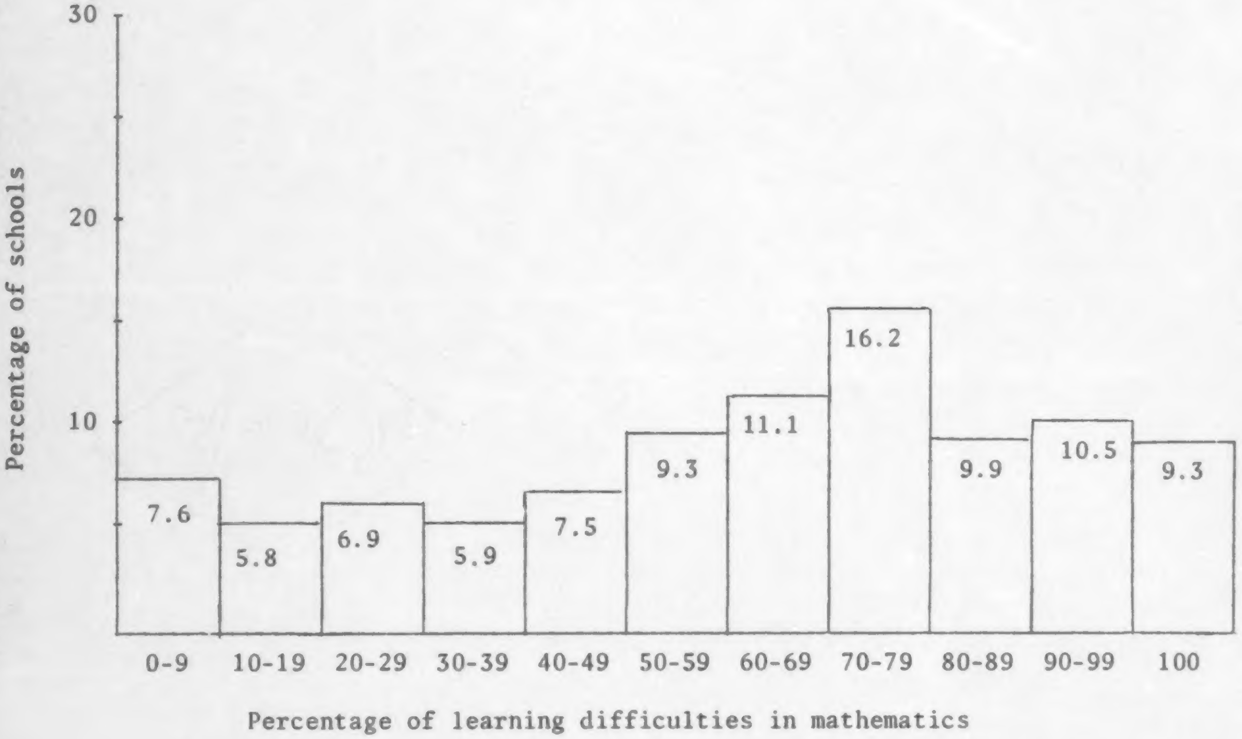

Figure 8.2: Distribution of primary schools with selected proportions of learning difficulty students with problems in numeracy.

Table 8.9

Distribution of percentage of schools with selected proportions of students with learning difficulties (secondary girls in 129 schools)

Year	Percentage learning difficulties										
	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	71-75
7	25.5	10.9	20.0	14.5	9.1	7.3	9.1	1.8	1.8	-	
8	23.0	18.0	19.0	13.0	11.0	8.0	2.0	4.0	1.0	1.0	-
9	24.5	22.6	17.6	11.8	11.8	8.8	-	-	1.0	1.0	1.0
10	41.6	16.8	17.8	14.9	3.9	3.0	2.0	-	-	-	-
11	54.1	17.5	13.5	5.4	6.8	1.4	1.4	-	-	-	-
12	71.0	8.7	11.6	4.3	2.9	1.4	-	-	-	-	-
Median (rounded)	34	17	18	12	8	5	2	0	1	0	0

Year	Mean	Median	Modal interval	Minimum	Maximum
7	10.80	8.00	0	0.0	37.5
8	10.26	7.91	0	0.0	45.0
9	8.70	5.32	0	0.0	71.4
10	5.65	2.36	0	0.0	28.4
11	4.09	0.01	0	0.0	30.0
12	2.48	0.02	0	0.0	24.6
Median (rounded)	7	4	0	0	34

Table 8.10

Distribution of percentage of schools with selected proportions of students with learning difficulties (secondary boys in 129 schools)

Year	Percentage learning difficulties													
	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	66-70
7	3.4	10.4	20.7	13.8	8.6	5.2	8.6	12.1	6.9	3.4	6.9	-	-	-
8	8.7	6.8	15.5	16.5	17.5	15.5	5.8	6.8	2.9	3.9	-	-	-	-
9	12.4	11.4	20.0	14.3	13.3	15.3	7.6	-	-	1.0	1.9	1.0	1.0	1.0
10	24.2	11.1	21.2	15.2	10.1	7.1	4.0	3.0	3.0	-	1.0	-	-	-
11	42.3	11.3	19.7	7.0	9.9	2.8	2.8	2.8	-	-	1.4	-	-	-
12	63.5	11.1	12.7	6.4	3.2	3.2	-	-	-	-	-	-	-	-
Median (rounded)	18	11	20	14	10	6	5	3	1	1	1	0	0	0

Year	Mean	Median	Modal interval	Minimum	Maximum
7	20.38	15.08	6-10	0.0	50.0
8	16.86	16.67	16-20	0.0	44.4
9	14.68	12.61	6-10	0.0	66.7
10	11.20	9.15	0	0.0	50.0
11	7.29	2.78	0	0.0	48.7
12	3.36	0.02	0	0.0	25.0
Median (rounded)	13	11	-	0	49

Table 8.11

Distribution of percentage of schools with selected proportions of students with behavioural difficulties (secondary girls in 129 schools)

Year	Percentage learning difficulties						
	0	1-5	6-10	11-15	16-20	21-25	26-30
7	56.4	29.1	9.0	3.7	1.8	-	-
8	45.5	31.7	15.9	5.9	-	1.0	-
9	53.4	26.2	10.7	7.8	1.9	-	-
10	60.4	23.8	6.9	4.9	3.0	-	1.0
11	80.0	10.7	8.0	-	-	1.3	-
12	88.6	5.7	2.8	1.4	1.4	-	-
Median (rounded)	55	25	9	4	2	0	0

Year	Mean	Median	Modal interval	Minimum	Maximum
7	2.11	0.00	0	0.0	20.00
8	2.94	1.92	0	0.0	20.60
9	2.84	0.00	0	0.0	19.23
10	2.49	0.01	0	0.0	28.60
11	1.16	0.01	0	0.0	23.80
12	0.73	0.02	0	0.0	17.50
Median (rounded)	2	0	0	0	20

Table 8.12

Distribution of percentage of schools with selected proportions of students with behavioural difficulties (secondary boys in 129 schools)

Year	Percentage learning difficulties									
	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	66-70
7	39.0	23.7	11.9	13.6	1.7	1.7	3.4	3.4	1.7	-
8	35.2	21.9	23.9	12.3	4.8	1.9	-	-	-	-
9	33.6	30.0	15.8	9.4	7.5	1.8	0.9	-	-	0.9
10	57.4	19.8	14.9	4.9	1.0	-	-	1.0	1.0	-
11	75.3	13.7	5.5	2.8	2.8	-	-	-	-	-
12	87.7	7.7	3.1	-	1.5	-	-	-	-	-
Median (rounded)	48	21	13	7	2	1	0	0	0	0

Year	Mean	Median	Modal interval	Minimum	Maximim
7	6.45	2.34	0	0.0	40.0
8	5.38	3.70	0	0.0	25.0
9	5.78	3.30	0	0.0	66.7
10	2.93	0.01	0	0.0	38.8
11	1.49	0.00	0	0.0	16.7
12	0.71	0.00	0	0.0	18.5
Median (rounded)	4	1	0	0	32

8.5 LEARNING DIFFICULTIES, LITERACY AND NUMERACY SKILLS IN SECONDARY SCHOOLS

The percentage of children in secondary schools with learning difficulties who were reported to have literacy problems ranged from 0 to 100 percent. The distribution is shown in Figure 8.3. The mean percentage of children with learning difficulties who display difficulties in literacy was 75.0 percent (median = 88.5). The distribution indicated that in more than one-quarter of schools all (100%) students with learning difficulties were judged to have problems in literacy areas.

The percentage of children in secondary schools displaying learning difficulties who were reported to have mathematics problems also ranged from 0 to 100 percent, but the distribution differed from that for reading problems. Considerably fewer schools (16.9%) claimed that 100 percent of their learning difficulty children had mathematics problems, while the mean of 59.9 percent of students (median = 68.5) was also much lower than that for reading (75.0%). The distribution of school estimates is given in Figure 8.4.

8.6 STAFF RESOURCES: LEARNING AND BEHAVIOURAL DIFFICULTIES

Primary schools

Schools were asked to identify the number of teachers who had relevant qualifications to meet the needs of students with learning or behaviour difficulties. As can be seen from Table 8.13, the predominant response was that primary schools had no teachers with such qualifications. However, whereas 77.1 percent of schools had no staff members with a full academic qualification (e.g. B.Sp.Ed. or Dip.Reading), only 50.3 percent had no staff members with relevant tertiary study, such as a subject concerned with remedial education, learning difficulties or behaviour management. Slightly fewer (42.3%) schools had no staff who had attended relevant in-service seminars or courses during 1977 or 1978. Clearly there is some overlap in the staff possessing these various

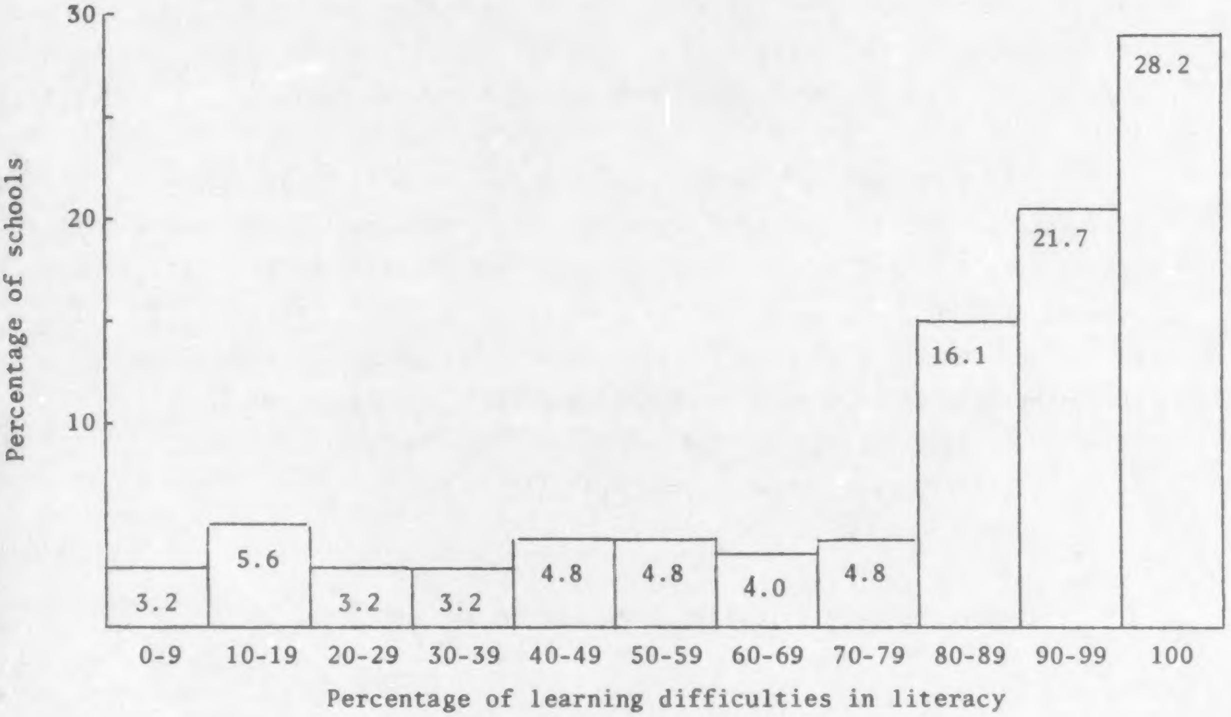

Figure 8.3: Distribution of secondary schools with selected proportions of learning difficulty students with problems in literary.

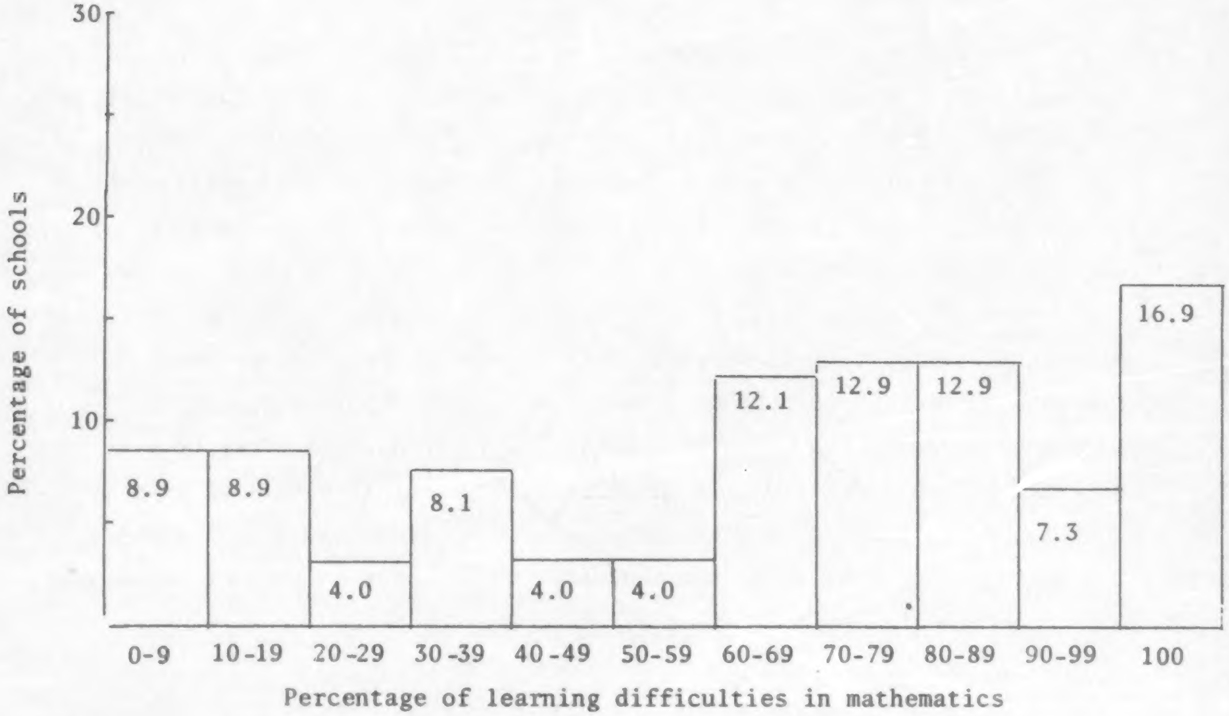

Figure 8.4: Distribution of secondary schools with selected proportions of learning difficulty students with problems in numeracy.

levels of relevant qualifications. The final row of data in Table 8.13 indicates that almost one third (29.1%) of the primary schools had no staff member without any relevant qualification to meet the special needs of children with learning or behaviour problems, another third (32.6%) had from one to nine such staff, while almost another third (29.7%) of schools had from 10 to 19 staff members without any relevant qualifications.

Secondary schools

Secondary schools predominantly (65.9%) reported that their staff group did not contain anyone holding relevant full academic qualifications for meeting the needs of children with learning or behavioural problems. Some 20.9 percent of the schools reported one such qualified staff member (Table 8.14). As with the primary schools, slightly fewer schools had staff with qualifications of a less rigorous or extensive kind. Overall the extent of staff qualifications for meeting students' learning or behaviour difficulties is somewhat similar in secondary and primary schools. The major exception is that a much higher percentage of secondary schools than primary schools have large numbers of staff with no relevant qualifications (19.3% of secondary schools with more than 50 such staff, compared with 0.6% of primary schools). However, this figure may partly be a function of the tendency for secondary schools to employ more teachers than primary schools.

It is also necessary in this discussion to refer back to the overview data presented in Tables 8.2 to 8.4, where information on the proportions of students in the responding schools with learning difficulties who are also receiving support from qualified persons is given. Overall, slightly more than one-half of these students (52.74%) were receiving such support. For students with behavioural difficulties the level of qualified support was 35.57 percent, but was significantly higher in government schools.

Table 8.13

Percentage of primary schools reporting various numbers of teachers with relevant qualifications to meet needs of children with learning and/or behavioural problems (175 schools)

Type of qualification	Numbers of staff							
	0	1	2	3	4	5	6-10	>10
Relevant academic e.g. B.Sp.Ed., Dip. Rdg.	77.1	14.3	5.7	1.7	0.6	0.0	0.6	-
Relevant tertiary subjects	50.3	20.0	9.1	5.7	5.1	4.0	3.4	2.3
Attended relevant courses, seminars etc. in 1977-78,	42.3	21.1	12.0	9.1	2.9	4.0	5.2	3.5

	0	1-9	10-19	20-29	30-39	40-49	>50
No relevant training or course attendance	29.1	32.6	29.7	6.9	1.1	-	0.6

Table 8.14

Percentage of secondarv schools reporting various numbers of teachers with qualifications to meet needs of children with learning and/or behavioural problems (129 schools)

Type of qualification	Numbers of staff							
	0	1	2	3	4	5	6-10	>10
Relevant academic e.g. B.Sp.Ed., Dip.Rdg.	65.9	20.9	8.5	3.1	0.8	-	0.8	-
Relevant tertiary subjects	54.3	17.8	15.5	6.2	1.6	1.6	1.6	1.6
Attended relevant courses, seminars, etc. in 1977-78	43.4	16.3	16.3	7.0	3.9	3.1	7.8	2.4

	0	1-9	10-19	20-29	30-39	40-49	≥50
No relevant training or course attendance	33.3	20.2	10.1	4.7	3.9	8.5	19.3

8.7 MEETING NEEDS: TEACHER COMPETENCY AND SCHOOL ORGANIZATION

Two open-ended evaluative questions were asked of principals in both the primary and secondary school questionnaires. The first requested a description of the best way to improve teacher competency to deal with learning and behaviour difficulties. The second asked for a description of the school organization and services that would best meet the needs of children with learning and behaviour difficulties.

Teacher Competency

In reply to the question on teacher skills some 56 percent of principals thought that inservice training would improve teacher competency, 29 percent listed specialist teacher services, and 13 percent mentioned compulsory pre-service coursework and practice in this area. However, few principals gave only one measure to improve teacher competency and multiple suggestions were the rule. Other suggestions were lower classroom numbers, closer parent-teacher and teacher-teacher liaison, standardisation of alternative teaching strategies, inter-school cooperation over common problems and the use of ungraded class structures. Some ten percent of principals answered the questions analytically, e.g. a competent teacher is an 'experienced' or 'understanding' teacher, without indicating clearly how such qualities might be achieved.

Where suggestions of increased inservice training were made, the preferred length ranged from two days to one year, the most common response being a three months course. Some principals sought a rigorous school-based course producing people with expertise in assessment and teaching strategies. There was some criticism of theoretically appropriate but practically irrelevant inservice courses conducted in CAEs and universities, and particular concern at the uselessness of very short-term inservice training. One respondent specifically expressed concern at conferences and seminars being classified as inservice training. However, little was said about the content of inservice work. In fact there were surprisingly few comments on this aspect although a fairly pragmatic trend was apparent as to process, for example, 'teachers should observe specialist teachers and groups in action and learn to take such groups themselves.' Some principals, for economic or logistic reasons, argued that only *some* teachers should have expertise in these areas. This viewpoint reflects, perhaps, the difference between the concept of within classroom remediation and withdrawal. Other content areas included identification of problems, classroom management, individualised instruction, and alternative teaching strategies with special emphasis on literacy and numeracy.

Of the 29 percent of principals who noted specialist assistance as a means to improve teacher competency, over half chose the withdrawal model. A smaller but significant group thought the class teacher should team with specialist personnel to provide normal classroom remediation. In some cases this person was seen in a semi-permanent role, sometimes providing traditional resource backup, at other times freeing the classroom teacher to engage in other activities, e.g. inservice courses. Less common and usually included in both of the above types of responses, were itinerant services, with the benefits seen to be early identification of difficulties, increased teacher expertise, and the development of alternative teaching strategies. It is clear that some of the comments made here were more appropriate as answers to the second question on school organisation, suggesting that the two issues need to be considered together.

School organization and services

This question also elicited multiple responses. Nevertheless 80 percent of principals saw the needs of children with learning and behavioural difficulties best met by qualitative or quantitative personnel changes which would be directed at the student or the teacher. Table 8.15 summarizes the responses.

Table 8.15

Personnel changes recommended by principals to improve school services for children with learning and behaviour difficulties

Type of specialist support	Number of comments
Medical	6
Therapists, social workers, counsellors etc.	36
Resource teachers - school based or visiting teachers providing assistance with curriculum and teaching strategies to the classroom teacher	129
Withdrawal teachers - serving children part-time	63
Staff - unspecified, or based on needs of students	42
In-service courses, training, seminars, workshops, experience	35
Guidance officers/psychologists - assessment, and particularly follow-up and evaluation	38

Among the other twenty percent of principals, the more common responses were small class sizes, more flexible grouping policies, and the development of flexible but comprehensive curricula which are more interesting to students and oriented to work experience and survival skills. Other responses were: parent liaison and involvement in school programs; continuation of support across the whole education system; more thought given to the individual needs of the child; pleasant environment; compulsory pre-primary screening of children for early identification; school age entry raised to age seven; segregation of extreme cases of children with learning and behavioural difficulties into special schools; and smaller schools.

8.8 SUMMARY

Much has been written about children with learning and behaviour difficulties in regular schools. Some workers have chosen to use one of the many definitions which have been used to categorize some children who display such problems. One particular approach which we have chosen to ignore defines a learning difficulty in terms of a discrepancy between an actual and a predicted achievement, usually using IQ as the measure of learning potential. This approach is, we believe, badly flawed both theoretically and practically, and would suggest that those who cling to it have to account for over-achievement as well as under-achievement. While there is much to be commended in the approach adopted in the Australian Council for Educational Research's survey of literacy and numeracy (Keeves & Bourke, 1976), we were unable to assess children's performance directly in this survey nor did we need to replicate that study. Instead we chose to obtain data on teachers' perceptions about learning or behaviour difficulties defined relative to their own competence and their judgement that they needed specialist support to meet the child's needs.

Such an approach may be prone to errors of judgement, so we attempted to minimize errors a) by asking the school principal to provide the data with no restriction as to consulting with teaching staff, and b) by requesting data separately for boys and girls at each grade level, thereby minimizing any tendency to give global and subjective estimates.

Several major issues emerge from the data collected. First, it is clear that the prevalence of learning and behaviour difficulties in this survey is not inconsistent with the ACER survey data, or other reputable estimates such as in the Warnock Report. Second, it is very clear that the sex differences and the lower prevalence of behavioural than learning difficulties accord with the literature and common experience. Third, the variations in prevalence across grade levels are not intuitively difficult to account for, but one might worry a little whether the low prevalence of reported difficulties at pre-school level (Year 0) may be due to inability to recognize difficulties or a "wait and see - he'll grow out of it" attitude. Clearly the distribution of teacher support services should not be equal at all grade levels. An even more intriguing pattern emerged in that substantial proportions of schools claimed not to have any children with learning (or behaviour) problems at one or more particular grade levels. Yet other schools claimed to have large numbers of children needing skills beyond those possessed by their teachers. It may be true that schools claiming few or no children in need have adequate specialist resources, but our data have no checks on the validity of this interpretation. Finally, further investigation is needed to establish or disconfirm by more direct study the results obtained in this aspect of the survey. A comparison of schools claiming low and high prevalence of learning or behaviour problems would be most useful, as would some exploration of the distribution of prevalence estimates along socio-economic, geographic, and related dimensions. The uneven distribution of learning and behaviour difficulties among schools also has implications for integrating children with handicaps into regular schools. There is no good reason to suppose that support services which assist teachers to meet learning and behavioural needs of children should be greatly different from those which would assist in the integration of the physically, sensorily or intellectually handicapped. Though there may need to be some modification in the training of resource staff, they ought in general to be able to work with a wider range of handicap than is often the case. However, we have seen that in some schools there are substantial proportions of children whose learning and behaviour problems are reported to be beyond their capabilities to manage. It would appear unwise to attempt greater integration of more handicapped children without the provision of training for regular teachers and an increase in resource personnel.

Chapter 9

STUDENTS IN SPECIAL SCHOOLS

9.1 INTRODUCTION

During the course of the national survey, information was sought from all government and non-government special schools on a wide range of topics to assist in a description of these schools. The provision of education to disabled children in segregated special schools in Australia varies from state to state with different emphases being placed on this form of provision, especially prior to the 1970s. However, segregated special schooling was generally the first educational provision made for handicapped students, with special classes and/or units in regular schools being a much more recent development.

It needs to be noted that non-government special schools are generally operated under administrative arrangements that differ in many ways from most non-government regular schools. Non-government regular schools in Australia are mostly operated under the auspices of church organizations, with only a small number operated by non-church groups. On the other hand, while a small number of non-government special schools are church operated, the majority are controlled by voluntary community associations which exist especially to meet the needs of particular disability groups. These associations are typically registered under a relevant State Charities Act, receive subsidies from federal or state governments under different grant or assistance mechanisms from non-government regular schools, and often receive higher levels of government assistance (see also Chapter 5).

9.2 STUDENTS IN SPECIAL SCHOOLS: DATA FROM EDUCATION AUTHORITIES.

Information was obtained from each state and territory department of education on students enrolled in special schools. These data have been presented in Table 3.3 in Chapter 3. This material forms part of the data base for this chapter and is discussed in the relevant sections appearing below.

9.3 A SURVEY OF SPECIAL SCHOOLS

For some time there has been incomplete information available on non-government special schools in Australia and this survey sought to gain information on these schools as well as on government special schools. For this purpose two sources of information about non-government schools were employed. The first was the federal Schools Commission and the state education departments. The second source was the commonwealth Department of Social Security, which provides various types of funding to voluntary organizations operating special schools, especially capital funds under its program of assistance to training centres as part of the Handicapped Persons Welfare Program. There was, however, some difficulty in the identification of non-government special schools due to the frequency with which non-government programs have been merged within government provision, the number of voluntary associations who own and maintain premises in which government special schools are operated, and the number of government special schools with yet other links with voluntary associations, and who draw some (even small) assistance from the Department of Social Security through those associations.

Questionnaires were sent to all idenfified government and non-government special schools. Two parallel forms were prepared for this purpose.* The questionnaire sought information on a wide range of areas including schools, students, staff, and programs. The response rates to the questionnaires are set out in Table 9.1, and show a national response level of 54.8 percent. Of the states, by far the highest returns were from Tasmania and Queensland, and the lowest from New South Wales.

Because it was not possible to obtain a completed questionnaire from all facilities considered to be voluntary association special schools as identified in lists of the Department of Social Security, it was not possible during the course of the survey to obtain definitive figures on the number of such schools and their enrolments.

The non-government special school response level reached 53.6 percent. Table 9.1 therefore uses the estimates of the numbers of non-government schools provided by state Education Departments, who dispense recurrent funds from both commonwealth (Schools Commission) and state government to special schools, as the figure representing the number of questionnaires forwarded.

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* *These questionnaires appear as Appendix B in Volume 2 of the limited issue of the first edition of this report - see explanatory note at p.311 of this volume.*

Table 9.1

Special schools survey : response rates by state and system

	Non-government			Government			All schools		
State or territory	No. sent*	No. received	%	No. sent	No. received	%	No. sent	No. received	%
NSW	63	36	57.14	93	35	37.63	156	71	45.51
VIC	76	36	47.37	78	48	61.54	154	84	54.55
QLD	30	19	63.33	48	37	77.08	78	56	71.79
SA	6	4	66.67	32	18	56.25	38	22	57.89
WA	17	6	35.29	39	21	53.85	56	27	48.21
TAS	0	1†	-	17	14	82.35	17	15	88.24
NT	-	-	-	3	1	33.33	3	1	33.33
ACT	0	1†	-	14	6	42.86	14	7	50.00
Totals	193	103	53.65	324	180	55.56	516	283	54.84

* Estimates of numbers of non-government special schools provided by relevant education departments.

† Training centres funded in part by the Department of Social Security but not recognised as schools by the Education Department in those states.

The description of special school programs which follows is based on the responses from 283 schools (180 government and 103 non-government, or 56 percent and 53 percent of identified special schools respectively)*.

9.4 THE SCHOOLS

Major disability group served

Of the 283 schools which responded to the request for information, 180 (64%) were operated by government education authorities and 103 (36%) by non-government organizations. Overall 67 percent provided special schooling for students for whom intellectual retardation was the major difficulty (Table 9.2) and 11 percent for those whom physical disability was the major handicap. Small numbers of schools responded which provided in the main for students with visual, hearing, behavioural and social problems. The proportion of non-government schools responding which provided education for intellectually handicapped students was higher than for government schools. Almost all responding schools providing for physically handicapped students were government operated. This reflects at least in part the historical influences referred to in earlier chapters.

Geographic areas served

Table 9.3 indicates the geographic areas served by the schools. Both government and non-government schools predominantly described themselves as serving a region within a state (32% overall), while nearly 57 and 53 percent respectively of government and non-government schools served areas beyond the usual catchment areas of most regular schools. In addition, one-fifth (20%) of the non-government schools described their students as coming from rural areas. This information highlights one of the essential differences between regular and special schools, and also the trend for some non-government special schools to serve rural and inter-state populations, while a significant group of state special schools serve all or most children with particular disabilities in their state, especially students with physical or sensory disabilities.

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* *The Handicapped Persons Assistance Act, 1974, administered by the Department of Social Security provides assistance to training centres, and other forms of provision to both handicapped children and adults. Training centres may be for either or both of these age levels. Voluntary association education programs in Australia receiving funds from education and social welfare government sources may be termed schools, special schools, centres, day training centres or training centres.*

Table 9.2

Major disability group provided for by schools

Disability groups	Non-government No.	Non-government %	Government No.	Government %	All schools No.	All schools %
Intellectually handicapped	86	83.5	104	57.8	190	67.1
Physically handicapped	2	1.9	29	16.1	31	11.0
Visually handicapped	3	2.9	4	2.2	7	2.5
Hearing handicapped	4	3.9	11	6.1	15	5.3
Behaviour disturbed/psychiatric	4	3.9	7	3.9	11	3.9
Socially handicapped	0	-	6	3.3	6	2.1
Combined categories	3	2.9	2	1.1	5	1.8
Missing data	1	1.0	17	9.4	18	6.4
Total	103		180		283	

Table 9.3

Geographic area served by schools

Geographic areas	Non-government No.	Non-government %	Government No.	Government %	All schools No.	All schools %
Beyond the state or territory	10	9.7	8	4.4	18	6.4
State-wide	13	12.6	36	20.0	49	17.3
A region within the state	32	31.1	58	32.2	90	31.8
Town/city only	11	10.7))24.3	15	8.3))30.5	26	9.2))28.3
A suburb or part of a city	14	13.6)	40	22.2)	54	19.1)
Rural area	21	20.4	0	-	21	7.4
Other	0	-	0	-	0	-
Missing data	2	1.9	23	12.8	25	8.8
Total	103		180		283	

Year of establishment

Chapter 2 referred to a number of trends in the development of special schools, which follow a fairly well established pattern in Western countries, especially the trend for those children who are sensorily handicapped to receive education first, followed by physically handicapped students and then by those who are intellectually handicapped. Reference has also been made to the tendency for special services to be developed first by voluntary associations (Chapter 1). Table 9.4 gives information on the year of establishment of all but 33 of the responding schools. The overall response rate to the questionnaire may have contributed to the trends referred to above not being strongly brought out. It can be noted however, that all schools recorded as establishment in the 1800s were for children who were deaf and blind, only one of which continues to be sponsored by a voluntary organization.

The importance of the 1950s and 1960s as decades of rapid expansion of special school provision is also highlighted, with the largest number of government schools in any one period being established in the 1970s to 1978. Figure 9.1 diagrammatically shows these developments for all the responding schools, and may be compared with similar information reported in 1973 (Andrews, 1974) for 278 special schools (representing a response level of 83 percent of 336 schools in that study) which is fully discussed in Chapter 2 (cf. in particular Figure 2.1).

Relationships to other facilities

Special schools frequently are located close to other facilities as part of a wide range of provisions for the handicapped population they serve. Table 9.5 indicates the numbers of schools adjacent to other facilities. These represent 56 percent of non-government special schools, 46 percent of government schools, or one-half of all the special schools responding to the questionnaire. The types of adjacent facilities are set out in Table 9.6. For government special schools these are predominantly accommodation centres (58.5%) and other schools (24.4%). For non-government special schools they range over all other facilities listed, with nearly 24 percent adjacent to adult vocational programs combined with school programs in a larger service complex. It will also

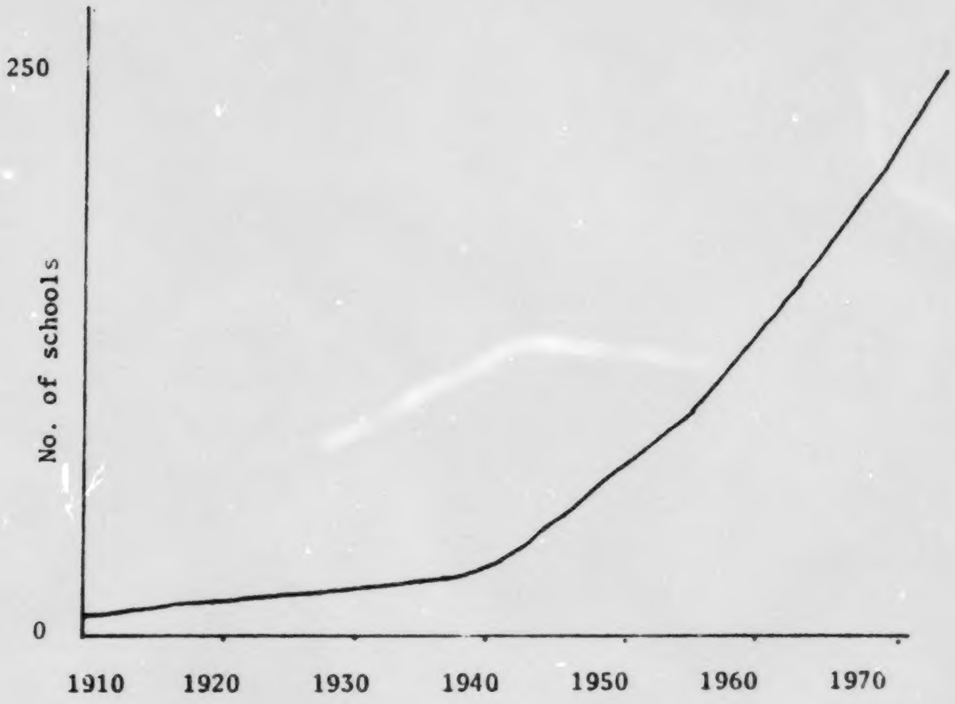

Figure 9.1: The establishment of 250 special schools

Table 9.4

Year special schools established

Year established	Non-government No.	Non-government %	Government No.	Government %	All schools No.	All schools %
1841 - 1870			2	1.1	2	0.7
(51 - 60)	-	-	(2)			
1871 - 1900	1	1.0	3	1.7	4	1.4
(71 - 80)	(1)		(2)			
(81 - 90)	-		-			
(91 - 1900)	-		(1)			
1901 - 1930	1	1.0	3	1.7	4	1.4
(1901 - 10)	-		-			
(11 - 20)	(1)		(1)			
(21 - 30)	-		(2)			
1931 - 1960	32	31.1	45	25.0	77	27.2
(31 - 40)	-		(6)			
(41 - 50)	(6)		(5)			
(51 - 60)	(26)		(34)			
1961 - Present	62	60.2	101	56.1	163	57.6
(61 - 70)	(37)		(49)			
(71 - 78)	(25)		(52)			
Missing data	7	6.8	26	14.4	33	11.7
Totals	103		180		283	

Table 9.5

Schools adjacent to other facilities

Schools	Adjacent No.	Adjacent %	Not adjacent No.	Not adjacent %	Missing data No.	Missing data %	Total No.	Total %
Non-government	59	59.3	42	40.8	2	1.9	103	100.0
Government	82	45.6	98	54.4	0	-	180	100.0
Totals	141	49.8	140	49.5	2	0.7	283	100.0

Table 9.6

Types of adjacent facilities

Adjacent facility	Non-government No.	Non-government %	Government No.	Government %	Total No.	Total %
Accommodation/residential centre	16	15.5 (27.1)	48	26.7 (58.5)	64	22.6
Activity therapy centre and sheltered workshop	14	13.6 (23.7)	8	4.4 (9.8)	22	7.8
School	10	9.7 (16.9)	20	11.1 (24.4)	30	10.6
Combined facilities	19	18.4 (32.2)	6	3.3 (7.3)	25	8.8
Not applicable	44	42.7	98	54.4	142	50.2
Totals	103		180		283	

* Percentages in brackets are for the valid responses.

be noted that small numbers of the government special schools surveyed were adjacent to adult vocational and combined facilities. It is likely that most of these schools were established by voluntary organizations and continue to operate under government control in the original premises. This frequent juxtaposition of non-government special schools to adult vocational programs is characteristic of the development of that form of provision, especially in the larger states.

The non-government special schools were requested to indicate if they had common clients with other facilities. Table 9.7 indicates this was so in 41 percent of cases, although the information was not provided by one-quarter of the schools (the adjusted proportion would be 53 percent). As either proportion is much higher than those adjacent to residential centres, it must be concluded that a number of non-government special schools have clients who also attend adjacent adult vocational programs.

Table 9.7

Common clients with other facilities:
non-government schools only

Common clients		No common clients		Missing data		Total	
No.	%	No.	%	No.	%	No.	%
42	4.08	36	35.0	25	24.3	103	100.0

Where their school was operated in conjunction with a wide range of other residential, vocational and educational services, government special schools were requested to indicate if their students received assistance from, or participated in the programs of these services and if students/ clients of these other services received assistance from or participated in their programs. The results are presented in the following tables (9.8 and 9.9)

Table 9.8

Schools with clients participating in other facilities programs:
government schools only*

Participation		No participation		Missing data		Total	
No.	%	No.	%	No.	%	No.	%
93	62.8	26	17.6	29	19.6	148	100.0

* It must be noted that some government schools (32) appeared on lists of schools provided by the federal Department of Social Security. In general, these schools obtained small amounts of funding for specific purposes from that source. This administrative problem meant that some government schools were inadvertantly sent a non-government questionnaire, accounting for some apparent numerical discrepancies in the data.

Table 9.9

Schools with clients from other facilities participating in
programs: government schools only

Participation		No participation		Missing data		Total	
No.	%	No.	%	No.	%	No.	%
84	56.8	36	24.3	28	18.9	148	100.0

Access to transport services

Schools were requested to indicate the accessibility of their location by public transport. This information was provided by schools for bus, train and tram transport. It will be noted in Table 9.10 that there are high rates of missing data for transport by train and tram. Clearly, these forms of transport would not be available to all schools, and especially in the case of transport by tram, the item would not be applicable. Of the schools reporting, it appears that train transport is not available to nearly one-half of the schools, 54 percent and 45 percent respectively for non-government and government, and tram transport is not available overall to some 73 percent of special schools. Where train transport is available a slightly higher proportion of schools in both systems is not located so that the schools are in fact accessible to it. In the case of tram transport, where it is available, only one-fifth of schools are accessible to it.

Bus transport was probably available in the locality for more than three-quarters of the schools, but for 18 percent, the bus service was not convenient to the school.

9.5 THE STUDENTS

Age and sex

Altogether 258 of the special schools responding provided detailed information on the age and sex of their students. Table 9.11 sets out the number of students at each age level by sex. For non-government schools 62 percent of their students were male and 38 percent were female, while for government schools, the figures were 69 and 31 percent respectively. These proportions follow a usual pattern for children with handicaps, and are no doubt influenced by the large number of schools providing mainly for mentally handicapped children. However, some variations are noticeable. For example, in non-government schools 13 and 14 year old males are greatly in excess of females while females dominate in the over 20 years age-group. Table 9.11 summarizes this data over age groups.

Table 9.10

Accessibility of schools to public transport

Transport type	Non-government						Government						All schools					
	Accessible		Not accessible		Not applicable or missing data		Accessible		Not accessible		Not applicable or missing data		Accessible		Not accessible		Not applicable or missing data	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Bus	55	53.4	19	18.4	29	28.2	115	63.9	31	17.2	34	18.9	170	60.0	50	17.7	63	22.3
Train	21	20.4	27	26.2	55	53.4	46	25.6	53	29.4	81	45.0	67	23.7	80	28.3	136	48.0
Tram	6	5.8	20	19.4	77	74.8	11	6.1	39	21.7	130	72.2	17	6.0	59	20.8	207	73.2

* Percentages given are for each transport mode and school system.

Table 9.11

Students in non-government and government special schools by age and sex *

Age	All students	Male	Female
Non-government			
Under 5 years	269	145	124
5	183	107	76
6	224	130	94
7	228	126	102
8	261	141	120
9	225	124	101
10	242	133	109
11	254	153	101
12	265	160	105
13	639	538	101
14	465	340	125
15	247	139	108
16	226	106	120
17	159	98	61
18	113	65	48
19	58	34	24
20	38	17	21
Over 20	188	87	101
Totals	4284	2643	1641
(%)	(100.0)	(61.7)	(38.3)
Government			
Under 5 years	715	498	217
5	384	266	118
6	653	460	193
7	869	591	278
8	1064	767	297
9	1300	948	352
10	1103	705	398

* These figures are based on data from 258 of 283 schools returning questionnaires. i.e. 157 government and 101 non-government special schools.

cont...

Table 9.11 cont.

Age	All students	Male	Female
11	1154	779	375
12	1205	814	391
13	1191	783	408
14	1194	740	454
15	899	578	321
16	731	474	257
17	465	295	170
18	468	405	63
19	416	358	58
20	31	19	12
Over 20	55	36	19
Totals	13897	9516	4381
(%)	(100.0)	(68.5)	(31.5)
All schools	18181	12159	6022
(%)	(100.0)	(66.9)	(33.1)

Table 9.12

Summary of students in non-government and government special schools by age group

Age	Non-government		Government		All students	
	No.	%	No.	%	No.	%
Under 5 years	269	6.3	715	5.1	984	5.4
5 - 9 years	1121	26.2	4270	30.7	5391	29.7
10 - 14 years	1865	43.5	5847	42.1	7712	42.4
15 - 19 years	803	18.7	2979	21.4	3782	20.8
20 years and over	226	5.3	86	0.6	312	1.7
Totals	4284		13897		18181	

Additional handicaps

Earlier in this chapter (Table 9.2) details were given of the major disability group for which the special schools provided. Many handicapped children are not affected solely by one disability and may be experiencing additional identifiable handicapping conditions. Table 9.13 indicates that, in the special schools, two-thirds of the students were reported to be experiencing only the major handicap for which the school provided. A significant group were students with a different major handicap. One-quarter of the whole student group had more than one disabling condition; 19 percent having one additional handicap and 7 percent with two or more additional handicaps. Very little difference is indicated between the student populations of the government and non-government schools, with only a slight trend toward non-government schools enrolling a greater proportion of students with a different major handicap than that for which the school mainly provides, or an additional handicapping condition.

Table 9.13

Students with different and additional handicaps

	Non-government		Government		All schools	
	No.	adj.%*	No.	adj.%*	No.	adj. %*
Students with the major handicap only	2343	62.4	7357	69.5	9700	67.6
Students with a different major handicap	349	9.3	494	4.7	843	5.9
Students with one additional handicap	810	21.6	1958	18.5	2768	19.3
Students with two or more additional handicaps	255	6.8	776	7.3	1031	7.2
Not specified	527		3312		3839	
Total enrolments	4284		13897		18181	

* This adjusted percentage is based on the total enrolment less the number of children not specified.

It should be noted however that this information was not provided in the case of 12.3 percent and 23.8 percent of the students in the non-government and government schools respectively.

Transport to school

Table 9.14 sets out details of the modes of transport used by the students to travel to and from school. The information indicated that a greater proportion of non-government schools use school vehicles for transporting their students, while fewer schools in this group have students who walk to and from school. On the other hand a greater percentage of government schools have students who use public transport or who walk to attend school. Almost a third of the government schools enrolled pupils who used modes of transport not listed in the table. The significance of taxi transport for both groups to schools should also be noted. The data in the table applies to approximately 75 percent of students enrolled in the schools surveyed.

The majority of students in the schools travel six or more kilometres to attend school (Table 9.15), which reflects the information given in Table 9.3.

Place of residence

Three-quarters of all students enrolled in these schools lived with their parents or with guardians (Table 9.16).. The other important residential locations were in hostels provided by the organization/department (approximately 10 percent) and in hospital settings. Nearly 9 percent of the enrolments in the non-government schools lived in hospital settings. Analysed further, the data indicate that 77.1 percent of all students lived in regular community home settings with a further 2.9 percent in family group homes (as defined), 14.0 percent lived in hostels (as defined) and 5.3 percent in hospital settings.

Students waiting for admission

Overall, 40 percent of the special schools reported that they had children waiting for admission, with a greater proportion of government schools having waiting lists than non-government schools (Table 9.17). The 115 schools with waiting lists (32 non-government and 83 government), had a total of 1151 children and adolescents waiting for admission. Whereas non-government schools accounted for only 28 percent of schools with waiting lists they reported having 45.5 percent of the pupils waiting for admission. This was an average per school waiting list of 16.4 pupils compared with 7.6 pupils for government schools.

Table 9.14

Modes of transport used by students

	Non-government				Government				Total			
	Schools		Students		Schools		Students		Schools		Students	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Public transport	34	33.0	597	16.1	74	41.1	2166	21.9	108	38.1	2763	20.3
Vehicles belonging to school	55	53.4	1546	41.7	48	26.7	1746	17.7	103	36.4	3292	24.2
Volunteer drivers organized by school	5	4.9	9	0.2	1	.6	4	0.0	6	2.1	13	0.1
Taxis organized by school	34	33.0	611	16.5	73	40.6	1949	19.7	107	37.8	2560	18.9
Taxis not organized by school	7	6.8	55	1.5	12	6.7	88	1.0	19	6.7	143	1.8
Private transport arranged by parents	51	49.5	375	10.1	83	46.1	657	6.7	134	47.3	1032	7.6
Walk to and from school	25	24.3	202	5.4	92	51.1	1106	11.2	117	41.3	1308	9.6
Other	17	16.5	314	8.5	54	30.0	2153	21.8	71	25.0	2467	18.2
Total students for whom information was given			3709				9869				13578	
Percent of all students enrolled			86.6				71.0				74.7	

Table 9.15

Approximate average distance travelled by students daily to attend school

Distance	Non-government		Government		All schools	
	No.	%	No.	%	No.	%
less than 1 km (½ mile)	2	1.9	15	8.3	17	6.0
1 - 5 kms (½ - 3 miles)	18	17.5	23	12.8	41	14.5
6 - 10 kms (3 - 6 miles)	30	29.1	49	27.2	79	27.9
more than 10 kms (more than 6 miles)	44	42.7	62	34.4	106	37.5
Missing data	9	8.7	31	17.2	40	14.1
Totals	103		180		283	

If the reporting schools are representative of all special schools in Australia, the data in Table 9.17 suggest that there are some 2110 children and adolescents waiting for admission to special schools; 982 to non-government schools and 1128 to government special schools. Three-quarters of the schools did not provide information on the length of waiting time for these pupils. The most common time pupils wait for admission to the schools reporting appeared to be from 0 - 6 months, but cases of waiting on average for up to four years were reported (Table 9.18).

Origins and destinations of special school students

Tables 9.19 and 9.20 provide information on the students enrolled in the special schools in the previous twelve months, and on students who had left in the same period. Altogether 5931 students had entered the schools and 4243 had left. There was a proportionately greater admission to government schools (87 percent of the total admissions) although this figure to an extent reflects the higher enrolments in government schools compared with the proportion of government schools to all schools surveyed.

For government schools, over half (56%) of the new admissions to the special schools came from regular school settings. One-fifth (20%) came from other special schools or classes. For non-government schools a smaller percentage (27%) came from regular schools, but a larger percentage of new students were entering school for the first time (23 percent for non-government schools). Small numbers of these new submissions were from hospital placements.

Table 9.16
Place of residence during school year

Students residence	Non-government No.	Non-government %	Government No.	Government %	Total No.	Total %
Live with parents or guardians	2691	72.6	8559	75.3	11250	74.6
Live with other relatives	19	.5	123	1.1	142	0.9
Live in a foster home (& board out)	39	1.1	206	1.8	245	1.6
Live in accommodation not provided by the organization/department						
family group home (less than 9 people)	36	1.0	267	2.3	303	2.0
hostel (9 or more people)	87	2.3	539	4.7	626	4.2
In accommodation provided by this organization/department						
family group home (less than 9 people)	115	3.1	19	.2	134	.9
hostel (9 or more people)	351	9.5	1130	9.9	1481	9.8
In a hospital	326	8.8	471	4.1	797	5.3
Other	45	1.2	57	.5	102	.7
Total students for whom information was given	3709		11371		15080	
Percent of all students enrolled	86.6		81.8		82.9	

Table 9.17

Number of schools with children or adolescents waiting for admission and number of children waiting

Schools with	Non-government No.	%	Government No.	%	All schools No.	%
Children waiting	32	31.1	83	46.1	115	40.6
No children waiting	65	63.1	69	38.3	134	47.3
Missing data	6	5.8	28	15.6	34	12.0
Totals	103		180		283	
No. of children on waiting lists	524	45.5	627	54.5	1151	
Mean no. of pupils per school on waiting list.	16.4		7.6		10.0	

Table 9.18

Average length of time children wait before obtaining a place in school

Waiting time	Non-government No.	%	Government No.	%	All schools No.	%
0 - 6 months	11	10.7	31	17.2	42	14.8
7 - 12 months	5	4.9	8	4.4	13	4.6
13 - 24 "	2	1.9	3	1.7	5	1.8
25 - 36 "	2	1.9			2	0.7
37 - 48 "	1	1.0			1	0.4
unlimited			1	0.6	1	0.4
Missing data	82	79.6	137	76.1	219	77.4
Totals	103		180		283	

It is interesting to note that, altogether, 193 students were admitted to school placement from home, hospital or long-term institutional care who had not been attending a school program previously due to their handicapped condition.

Table 9.19

Origin of students admitted to special schools in previous 12 months

Previous placement	Non-government No.	Non-government %	Government No.	Government %	All schools No.	All schools %
At regular school or pre-school	214	27.1	2880	56.0	3094	52.2
In a regular school/class (plus other special class)	267	33.8	1022	19.9	1289	21.7
At parents' or guardians' home - too young to attend school	181	22.9	483	9.4	664	11.2
- not attending because of a handicapping condition	33	4.2	74	1.4	107	1.8
In hospital - too young to attend school	5	.6	14	.3	19	.3
- not attending because of handicapping condition	11	1.4	11	.2	22	.4
At an institution other than a hospital - too young to attend school	4	.5	24	.5	28	.5
- not attending because of handicapping condition	19	2.4	44	.9	63	1.1
Not known	16	2.0	486	9.5	502	8.5
Other	39	4.9	104	2.0	143	2.4
Total new students enrolled	789		5142		5931	
Percent of all new students enrolled	13.3		86.7		100.0	

Table 9.20 gives details of the destination of students who left the schools during the previous twelve months. It will be noted that of all students 25 percent transferred to another special school and class, and 22 percent transferred to a regular school setting, including those as part of a planned integration program. A group of 88 students ceased their attendance due to their disability. More than one-quarter of these entered a hospital setting and one-quarter were admitted to a facility of the Commonwealth Rehabilitation Service. About one-half of this group however did not enter these alternative placements, another educational placement or a vocational setting, and may be presumed to have become the responsibility of their parents.

The group that entered vocational settings should be noted. They numbered 937 young people, 42 percent of whom left to take up employment while the remainder (58%) were placed in a sheltered workshop or an activity therapy centre.

9.6 SCHOOL RESOURCES : STAFF

A non-systemic misunderstanding of a complicated question* pertaining to staffing in special schools reduced the utility of the data collected. While the general trend of results has not been impaired, inconsistencies in reporting whether staff employed were appropriately qualified have prevented the presentation of some data. A summary of the information available is given in Tables 9.21 and 9.22. The numbers of principals and teachers who are not qualified in special education must give rise for concern. Again, the small number of specialist teachers (non-government), as well as both government and non-government schools with few therapy, psychology and social work personnel needs urgent attention.

The special schools were also asked how many teachers had specific training in special education, either as a major pre-service study or the equivalent of at least 6 months full-time inservice. The results are given in Table 9.23.

In general a much higher proportion of government special school teachers had special education training, but one fifth still lack this, while more than one-half of teachers in non-government special schools have not undertaken special education studies. As noted earlier in this chapter, some of these will also not be teacher trained. It should be noted that 23 of 103 non-government schools had no teachers with special education training, while no data was provided by 12 schools. However, the situation in government schools, that 35 of 180 schools had no teachers with special education training (missing data from 7 schools), is also somewhat surprising.

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* *See Q24, Appendix B in Volume 2 of first edition of this report - explained at p.311 of this volume.*

Table 9.20

Destination of pupils who left special schools in previous twelve months

New placement -	Non-government No.	Non-government %	Government No.	Government %	All schools No.	All schools %
Ceased attending due to handicapping condition						
- not entering hospital	7	1.0	34	1.0	41	1.0
- entering hospital	15	2.1	10	.3	25	.6
- to a Commonwealth Rehabilitation facility	5	.7	17	.5	22	.5
To another special school/class	261	35.9	820	23.3	1081	25.5
To regular school (including planned integration)	115	15.8	812	23.1	927	21.8
To sheltered employment or activity therapy centre	200	27.5	341	9.7	541	12.8
To regular employment	29	4.0	367	10.4	396	9.3
Not known	27	3.7	696	19.8	723	17.0
Other (please specify)	69	9.5	418	11.9	487	11.5
Total students left	728		3515		4243	
Percentage of all students who left	17.2		82.8		100.0	

Table 9.21

Non-teaching staff

Type of staff	Non-government			Government		
	No. of staff	No. of schools with staff	No. of schools without staff or missing data	No. of staff	No. of schools with staff	No. of schools without staff or missing data
FT non-teach. principal*	33	33	70	88	88	92
FT non-teach. princ.(qual.)	26	26	77	88	88	92
FT non-teach. deputy princ.*	3	3	100	112	29	151
FT non-teach. deputy princ. (qual.)	1	1	102	42	29	151
FT speech therapist	11	10	93	16	9	171
PT speech therapist	16	10	93	27	25	155
FT occupational therapist	5	3	100	27	12	168
PT occupational therapist	5	5	98	7	5	175
FT physiotherapist	1	1	102	22	10	170
PT physiotherapist	18	15	88	25	18	162
FT psychologist	4	4	99	5	5	175
PT psychologist	14	13	90	42	42	138
FT social worker	4	3	100	9	9	171
PT social worker	9	9	94	16	16	164
FT aides	16	8	95	35	13	167
PT aides	3	2	101	15	10	170
FT secretary	23	23	80	96	85	95
PT secretary	30	27	76	43	40	140
FT domestic/ground	39	26	77	138	66	114
PT domestic/ground	73	40	63	79	59	121
FT volunteers	44	9	94	76	15	165
PT volunteers	140	25	78	181	37	143
FT other (non-teaching)	31	13	90	34	15	165
FT other(qual.)	5	4	99	12	5	175
PT other	34	16	87	11	6	174
PT other(qual.)	8	7	96	2	2	178

* Teaching staff (principals and deputy principals) engaged in teaching duties appear in Table 9.22.

Table 9.22

Teaching staff

Type of staff	Non-government			Government		
	No. of staff	No. of schools with staff	No. of schools without staff or missing data	No. of staff	No. of schools with staff	No. of schools without staff or missing data
FT principal*	45	44	59	45	45	135
FT principal (qual.)	40	39	64	45	45	135
FT deputy principal*	17	16	87	38	30	150
FT deputy principal (qual.)	17	16	87	38	30	150
FT class teacher	353	70	33	962	130	50
FT class teacher(qual.)	291	64	39	962	130	50
PT class teacher	34	15	88	39	28	152
PT class teacher(qual.)	23	10	93	33	18	162
FT teacher aides	135	59	44	305	99	81
FT teacher aides(qual.)	22	12	91	73	34	146
PT teacher aides	22	14	89	173	48	132
PT teacher aides(qual.)	3	3	100	16	11	169
FT music teacher	2	2	101	3	3	177
FT music teacher(qual.)	2	2	101	0	0	180
PT music teacher	7	7	96	13	10	170
PT music teacher(qual.)	7	7	96	10	9	171
FT art teacher	3	3	100	35	25	155
FT art teacher(qual.)	2	2	101	35	25	155
PT art teacher	2	2	101	6	6	174
PT art teacher(qual.)	0	0	103	6	6	174
FT phys. ed. teacher	8	8	95	20	19	161
FT phys. ed. teacher (qual.)	8	8	95	18	17	163
PT phys. ed. teacher	6	6	97	25	24	156
PT phys. ed. teacher (qual.)	6	5	98	25	24	156
FT domestic sc. teacher	4	4	99	66	51	129
FT domestic sc. teacher(qual.)	3	3	100	66	51	129
PT domestic sc. teacher	2	2	101	20	17	163
PT domestic sc. teacher(qual.)	1	1	102	20	17	163
FT ind./man. arts teacher	1	1	102	43	36	144
FT ind./man. arts teacher(qual.)	2	2	101	43	36	144
PT ind./man. arts	4	4	99	12	11	169
PT ind./man. arts teacher(qual.)	0	0	103	12	11	169
FT other teachers	8	5	98	74	35	145
FT other teachers (qual.)	7	6	97	65	31	149
PT other teachers	10	4	99	24	17	163
PT other teachers (qual.)	5	2	101	24	17	163

* Teaching staff (principals and deputy principals) not engaged in teaching duties appear in Table 9.21.

Table 9.23

Special school teachers with special education training

Staff	Non-government	Government	All schools
No. of teachers with special education training.	231	1069	1300
Total no. of teachers *	495	1326	1821
% with special education training	46.7	80.6	71.4

* *These estimates taken from a question which was non-systematically misunderstood by a number of schools. (See Q24b, Appendix B in Volume 2 of first edition of this report - explained at p.311 of this volume.)*

Staffing adequacy was judged by the principals of the special schools as satisfactory in 35.3 percent of cases, with similar levels of satisfaction in government and non-government schools (Table 9.24). The pattern of dissatisfaction with staffing in these two types of schools was also similar, centering on inadequate numbers of professional resource and specialist teaching staff (20%) and number of class teachers (13%), reflecting on student-teacher ratios. Teacher qualifications, number of teacher aides and combinations of the above were also mentioned a small but significant number of times (Table 9.25)

Table 9.24

Adequacy of school staffing

	Adequate		Not adequate		Missing data	
	No.	%	No.	%	No.	%
Non-government	38	36.9	60	58.2	5	4.9
Government	62	34.4	96	53.3	22	12.2
All schools	100	35.3	156	55.2	27	9.5

Attendance of staff at inservice courses and/or conferences during the past year was at a high level if an indicator of whether at least one staff member had attended such programs is explored (Table 9.26). However, the staff of 9 percent of non-government schools had no inservice or conference involvement in the previous 12 months. On average however, schools reported staff attending about five different courses in the past year, and about 8 teachers from each school had been involved.

Table 9.25

Major areas of staffing inadequacy

Area	Non-government		Government		All schools	
	No.	%	No.	%	No.	%
Class teacher numbers	14	13.6	23	12.8	37	13.1
Class teacher qualifications	3	2.9	10	5.5	13	4.6
Professional resource staff and specialist teachers	20	19.4	38	21.1	58	20.6
Teacher aides	6	5.8	5	2.8	11	3.9
Administrative staff	1	1.0	5	2.8	6	2.1
Domestic and ground staff	2	1.9	2	1.1	4	1.4
Other and combinations	14	13.6	12	6.7	26	9.2
Not applicable	43	41.7	84	46.7	127	44.9
Missing data			1	0.6	1	0.4

Table 9.26

Attendance of staff at conferences/inservice courses during preceding 12 months

Attendance in past 12 months	Non-government		Government		All schools	
	No.	%	No.	%	No.	%
Yes	92	89.3	147	81.7	239	84.5
No	9	8.7	7	3.9	16	5.7
Missing data	2	1.9	26	14.4	28	9.9
If yes, how many different courses?	Number	428		933		1361
	Mean	4.8		6.8		5.8
	Mode	4		6		4
If yes, how many staff?	Number	575		1298		1873
	Mean	6.3		8.8		8.0
	Mode	4		5		4

9.7 SCHOOL RESOURCES : FACILITIES AND PROGRAMS

Two-thirds of the buildings which formed the school premises for the schools surveyed were built for that purpose. As Table 9.27 indicates, this represents 65.2 percent of the buildings overall, with a similar proportion for non-government and government schools. Small numbers of schools used buildings built for commercial or industrial use and which may have been modified for school purposes. In all, nearly ten percent of buildings in use by these special schools were private homes, most of which had been modified for school purposes. Seventeen percent had been built for other educational purposes.

Table 9.27

Types of buildings : all schools (n = 283)

Type of building	Non-government		Government		All schools	
	No. of buildings	%	No. of buildings	%	No. of buildings	%
Built for their present purpose	80	64.0	135	65.9	215	65.2
Built for an industrial/ commercial purpose, and not modified	4	3.2	1	0.5	5	1.5
Industrial/commercial buildings modified to suit present purpose	3	2.4	6	2.9	9	2.7
Built for private homes and not modified	3	2.4	3	1.5	6	1.8
Private homes modified to suit present purpose	15	12.0	11	5.4	26	7.9
Built for another educational purpose, and not modified	5	4.	13	6.3	18	5.5
Built for another educational purpose, and modified to suit present purpose	12	9.6	28	13.7	40	12.1
Other	3	2.4	8	3.9	11	3.3
Totals	125	100.0	205	100.0	330	100.0

Table 9.28 indicates the number of schools which are provided with general purpose areas. Overall some one-half of all schools have clinical assessment areas, about one-fifth have dining-rooms for students, four in every ten have assembly/indoor recreation areas, two-thirds have staffrooms and more than three-quarters have storage-equipment areas. Approximately half of the non-government schools are provided with clinical, dining, assembly and staff areas. Of the government schools, few (13.3%) had dining-rooms, and more than three-quarters had staff rooms.

In respect to specialist teaching areas, the most common provision was that of domestic science facilities. In government schools, over half had no manual arts and/or library areas. Few had music facilities. For non-government schools, less than a third were provided with manual arts, creative arts and library areas. One quarter had music facilities (Table 9.29).

The schools were asked to assess the overall adequacy of their school facilities. As Table 9.30 indicates, more than 56 percent of the schools believed their facilities were inadequate. The result was similar for government and non-government schools. Table 9.31 sets out the major areas of inadequacy reported. The highest frequency was in respect to buildings which, in this case, includes combined categories since all combined responses included the school buildings as an area of inadequacy. However, some schools saw specific school areas as being the major area of inadequacy, in particular the provision of special purpose rooms, a shortage of classrooms, and storage and equipment areas. This information provided by the 56 percent of schools who reported their school facilities to be inadequate, should be compared with Tables 9.28 and 9.29, where the provision of many of the facilities listed in Table 9.31 is reported. For example, although 156 of the 180 government schools did not have dining facilities for the students, only one school saw this as the major area of inadequacy in the facilities of the school.

Table 9.32 summarizes the provision of equipment to schools, although the questions to government and non-government schools differed slightly. The major area where need was identified was for video equipment and colour TV receivers, especially in government schools. Gymnasia were available in relatively few schools. Bus transport was provided to 65 percent of non-government and 44 percent of government schools, but some extra provision was deemed necessary. Adventure

Table 9.28

Provision of general purpose areas : All schools

General purpose areas	Non-government				Government				All schools			
	Provided		Not provided		Provided		Not provided		Provided		Not provided	
	No	%	No	%	No	%	No	%	No	%	No	%
Clinical assessment rooms	52	50.5	51	49.5	84	46.7	96	53.3	136	48.1	147	51.9
Dining rooms	38	36.9	65	63.1	24	13.3	156	86.7	62	21.9	221	78.1
Assembly - Indoor recreation	51	49.5	52	50.5	64	35.6	116	64.4	115	40.6	168	59.4
Staff rooms	51	49.5	52	50.5	138	76.7	42	23.3	189	66.8	94	33.2
Storage - Equipment areas	85	82.5	18	17.5	135	75.0	45	25.0	220	77.7	63	22.3

Table 9.29

Provision of specialist teaching areas : all schools

Teaching areas	Non-government Provided No.	%	Not provided No.	%	Government Provided No.	%	Not provided No.	%	All schools Provided No.	%	Not provided No.	%
Domestic science	48	46.6	55	53.4	109	60.6	71	39.4	157	55.5	126	44.5
Manual arts	29	28.2	74	71.8	86	47.8	94	52.2	115	40.6	168	59.4
Creative arts	28	27.2	75	72.8	66	36.7	114	63.3	94	33.2	189	66.8
Library	30	29.1	73	70.9	86	47.8	94	52.2	116	41.0	167	59.0
Music	25	24.3	78	75.7	18	10.0	162	90.0	43	15.2	240	84.8

Table 9.30

Adequacy of school facilities

Schools	Adequate No.	%	Not adequate No.	%	Missing data No.	%
Non-government	40	38.8	61	59.2	2	1.9
Government	59	32.8	99	55.0	22	12.2
All schools	99	35.0	160	56.5	24	8.5

Table 9.31

Major areas of inadequacy

Inadequate areas	Non-government No.	%	Government No.	%	All schools No.	%
Buildings *	38	36.9	58	32.2	96	33.9
Administration area	3	2.9	1	0.6	4	1.4
Classroom	6	5.8	7	3.9	13	4.6
Special purpose rooms	9	8.7	16	8.9	25	8.8
Storage and equipment areas	3	2.9	10	5.6	13	4.6
Dining areas	-	-	1	0.6	1	0.4
Assembly/indoor recreational areas	3	2.9	5	2.8	8	2.8
Toilet/washrooms	1	1.0	1	0.6	2	0.7
Not applicable	40	38.8	81	45.0	121	42.8

* Includes multiple responses involving buildings.

Table 9.32

Provision of equipment to schools

Item	Required & provision adequate		Required and available but provision not adequate		Required but not provided		Not required		Missing data or not applicable	
	Non-G %	Govt %	Non-G %	Govt %	Non-G %	Govt * %	Non-G %	Govt %	Non-G %	Govt %
a. Indoor										
radio(s)	67.0	72.8	6.8	8.9	5.6		11.7	8.9	8.8	9.4
cassette player(s)	74.8	76.7	14.6	12.8	1.9		4.9	1.1	3.9	9.4
record player(s)	69.9	72.2	20.4	16.7	1.9		5.8	1.7	2.0	9.4
B & W T.V.	47.5	56.7	2.9	6.6	2.9		33.0	22.2	13.6	14.4
Colour T.V.	49.5	35.0	6.8	32.2	17.5		18.4	17.8	7.8	15.0
library	35.0	48.9	25.2	32.8	17.5		8.7	2.2	13.6	16.1
video recording equipment	29.1	26.1	5.8	33.3	27.2		18.4	17.8	19.4	22.8
camera	54.4	63.3	7.8	16.7	16.5		9.7	5.0	11.7	15.0
slide projector(s)	65.1	76.7	6.8	6.1	8.7		8.7	3.9	10.7	13.2
movie projector(s)	46.6	73.3	4.9	8.3	17.5		16.5	4.4	14.6	14.0
overhead projector(s)	30.1	50.0	3.9	12.8	17.5		32.0	16.1	16.5	21.1
language masters	57.3	56.6	5.8	15.6	12.6		12.6	9.4	11.7	18.4
headphone sets	52.4	63.3	6.8	17.2	9.7		20.4	4.4	10.7	15.0
gymnasium	21.4	30.6	11.7	33.9	27.2		21.4	8.9	18.5	26.7
piano	78.7	66.1	4.9	10.6	3.9		7.8	10.6	4.9	12.7
other musical instruments	37.9	46.1	8.7	7.8	6.8		1.0	4.4	45.7	41.7
b. Outdoor										
bus transport	65.0	44.4	14.6	30.0	4.9		3.9	10.6	11.7	15.0
adventure playground	42.7	36.1	18.4	33.9	20.4		8.7	7.2	9.7	22.8
swimming pool	18.4	20.6	6.8	31.1	32.0		25.2	22.8	17.5	25.5
other	8.7	7.8	1.9	8.3	8.7		1.0	1.1	79.6	82.8

* Government schools were not asked to reply to this category.

playgrounds were less commonly provided (to 40%) and there was a substantial request for these. Swimming pools were available in about one-fifth of the schools, but one-third saw a need for increased provision. About one-quarter of all the schools did not require swimming pools.

Some one-half of the schools regarded their facilities as inadequate for at least some of their students (Table 9.33), over one thousand students being identified as needing improved facilities for their educational program to be appropriate. In non-government schools, focus areas (Table 9.34) were students with behavioural/psychiatric problems, students with needs for different services than those available at the school, and adolescent students. Government schools did not identify the behavioural/psychiatric group problem student groups as in need of special facilities, but nearly one-fifth of these schools were concerned that they had groups of students who needed facilities other than those available in the school. Solutions suggested were predominantly combinations of several measures (Table 9.35), but increased staffing was identified in about one-quarter of the schools. Extra classroom space was requested in about five percent of cases.

Table 9.33

Schools with facilities judged to be inadequate for some students

	No. of students involved	Adequate		Not adequate		Missing data	
		No.	%	No.	%	No.	%
Non-government	249	46	44.7	50	48.5	7	6.8
Government	899	65	36.1	91	50.6	24	13.3
All schools	1148	111	39.2	141	49.8	31	11.0

The predominant teaching organisation in special schools is into separate classes, but it is unclear what the alternative procedures followed are (Table 9.36). Non-government schools (n = 93) had an average of 5.55 classes with a range of 28 and mode of 5. Government schools (n = 151) had a mean of 7.96 classes with a range of 27 and a mode of 4.

Table 9.34

Types of students for whom facilities are inadequate

Student groups	Non-government No.	Non-government %	Government No.	Government %	All schools No.	All schools %
Very young children	2	1.9	4	2.2	6	2.1
Adolescent students	8	7.8	14	7.8	22	7.8
Students with a type of handicap other than that for which the school is equipped	5	4.9	13	7.2	18	6.4
Students with a different level of handicap than that for which the school is equipped	6	5.8	8	4.4	14	4.9
Students who need different services from those available at the school	9	8.7	32	17.8	41	14.5
Students who have behavioural problems or psychiatric problems	9	8.7	0	-	9	3.2
Other (please specify)	2	1.9	2	1.1	4	1.4
Combined categories	9	8.7	18	10.0	27	9.5
Missing data (or not applicable)	53	51.5	89	49.4	142	50.2

Table 9.35

Major type of resource needed
to cater adequately for these students

Type of resource	Non-government No.	Non-government %	Government No.	Government %	All schools No.	All schools %
Classroom space	5	4.9	11	6.1	16	5.7
Equipment	3	2.9	5	2.8	8	2.8
Staff	29	28.2	41	22.8	70	24.7
Other	7	6.8	12	6.7	19	6.7
Combined categories	13	12.6	14	7.8	27	9.5
Program change (Government schools)	-	-	3	1.7	3	1.1
Missing data	46	44.7	94	52.2	140	49.5

The criteria for grouping students into classes are given in Table 9.37. Non-government schools are much more likely to group by mental ability level than government schools who tend towards age grouping or other combined criteria. Little use appears to be made of other grouping criteria.

Table 9.36

Division into classes or groups - special schools

Type of organization	Non-government No.	Non-government %	Government No.	Government %	All schools No.	All schools %
Students grouped	93	90.3	151	83.9	244	86.2
Students not grouped	10	9.7	10	5.6	20	7.1
Missing data	0	-	19	10.6	19	6.7
Totals	103		180		283	

Table 9.37

Major criteria by which students are grouped in classes

Criterion	Non - government No.	Non - government %	Government No.	Government %	All schools No.	All schools %
Mental ability level	42	40.8	29	16.1	71	25.1
Age level	15	14.6	46	25.6	61	21.6
Physical characteristics of students	4	3.9	4	2.2	8	2.8
Subject groupings	3	2.9	2	1.1	5	1.8
Behavioural characteristics	4	3.9	4	2.2	8	2.8
Size of classrooms	0	-	0	-	0	-
Subsidy provisions	0	-	0	-	0	-
Other - combined	28	27.2	64	35.6	92	32.5
Missing data or not applicable	7	6.8	31	17.2	38	13.4
Totals	103		180		283	

The locus of decision making within special schools was explored across five areas: curriculum, admission of students, teaching methods, purchase of materials and equipment, and the nature of the classroom program. Table 9.38 gives details for government and non-government schools. Government schools indicated only one area of external control (admission of students), for which 26.7 percent indicated full external control, and 45.6 percent indicated a joint school/external decision making process. Joint decisions were noted also for curriculum (17.2%) and purchase of materials (16.7%). Non-government schools experienced substantial outside control of decisions in curriculum, admission of students and equipment purchase, but relatively little joint school/external decision making in any of the five areas (Table 9.38).

Table 9.38

Locus of decision making

Areas	Within school No.	Within school %	External No.	External %	Both No.	Both %	Missing data No.	Missing data %
Non-government								
Curriculum	80	77.7	18	17.5	2	1.9	3	2.9
Admission of students	56	54.4	38	36.9	7	6.8	2	1.9
Teaching methods	93	90.3	6	5.8	2	1.9	2	1.9
Purchase materials and equipment	76	73.8	20	19.4	5	4.9	2	1.9
Classroom program	96	93.2	1	1.0	2	1.9	4	3.9
Government								
Curriculum	128	71.1	3	1.7	31	17.2	18	10.0
Admission of students	30	16.7	48	26.7	82	45.6	20	11.1
Teaching methods	150	83.3	0	-	10	5.6	20	11.1
Purchase materials and equipment	130	72.2	1	0.6	30	16.7	19	10.6
Classroom program	154	85.6	0	-	9	5.0	17	9.4
All schools								
Curriculum	208	73.5	21	7.4	33	11.7	21	7.4
Admission of students	86	30.4	86	30.4	89	31.4	22	7.8
Teaching methods	243	85.9	6	2.1	12	4.2	22	7.8
Purchase materials and equipment	206	72.8	21	7.4	35	12.4	21	7.4
Classroom program	250	88.3	1	0.4	11	3.9	21	7.4

The extent of parent involvement in school management is summarized in Table 9.39. A similar picture of levels of parent involvement exists for government and non-government schools except for membership of the board of management/school council, which stands at 62.1% percent for non-government and 20.5 percent for government schools. The lowest levels of involvement were in decisions about teaching methods (6%), consultation about admission of

Table 9.39

Parent involvement in school management

Areas		Non-government		Government		All schools	
		No.	%	No.	%	No.	%
Development of own child	Yes	68	66.0	98	54.4	166	58.7
	No	11	10.7	36	20.0	47	16.6
	NA/MD*	24	23.3	46	25.6	70	24.7
Voluntary work for school or organization	Yes	75	72.8	102	56.7	177	62.5
	No	10	9.7	41	22.8	51	18.0
	NA/MD	18	17.5	37	20.6	55	19.4
Fund raising activities	Yes	78	75.7	122	67.8	200	70.7
	No	9	8.7	20	11.1	29	10.2
	NA/MD	16	15.5	38	21.1	54	19.1
Parents and friends meetings	Yes	74	71.8	125	69.4	199	70.3
	No	9	8.7	20	11.1	29	10.2
	NA/MD	20	19.4	35	19.4	55	19.4
Membership of board of management	Yes	64	62.1	37	20.6	101	35.7
	No	21	20.4	97	53.9	118	41.7
	NA/MD	18	17.5	46	25.6	64	22.6
Planning and helping with school excursions	Yes	50	48.5	79	43.9	129	45.6
	No	30	29.1	63	35.0	93	32.9
	NA/MD	23	22.3	38	21.1	61	21.6
Decisions on equipment purchases	Yes	23	22.3	69	38.3	92	32.5
	No	48	46.6	73	40.6	121	42.8
	NA/MD	32	31.1	38	21.1	70	24.7
Decisions about teaching methods	Yes	5	4.9	12	6.7	17	6.0
	No	60	58.3	129	71.7	189	66.8
	NA/MD	38	36.9	39	21.7	77	27.2
Consultation on admission of children	Yes	24	23.3	42	23.3	66	23.3
	No	46	44.7	98	54.4	144	50.9
	NA/MD	33	32.0	40	22.2	73	25.8

* not applicable or missing data

Table 9.40

Frequency of student excursions

Frequency	Sport/recreation						Educational visits						Cultural activities					
	Non-G		Govt		Total		Non-G		Govt		Total		Non-G		Govt		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Not at all	0	-	13	7.2	13	4.6	5	4.9	10	5.6	15	5.3	6	5.8	10	5.6	16	5.7
Weekly	56	54.4	83	46.1	139	49.1	28	27.2	45	25.0	73	25.8	7	6.8	9	5.0	16	5.7
Fortnightly	6	5.8	7	3.9	13	4.6	13	12.6	22	12.2	35	12.4	7	6.8	7	3.9	14	4.9
Monthly	15	14.6	16	8.9	31	11.0	24	23.3	48	26.7	72	25.4	18	17.5	35	19.4	53	18.7
Once a term	16	15.5	25	13.9	41	14.5	21	20.4	28	15.6	49	17.3	38	36.9	66	36.7	104	36.7
Once a year	4	3.9	10	5.6	14	4.9	0	-	1	0.6	1	0.4	6	5.8	15	8.3	21	7.4
Other	4	3.9	1	0.6	5	1.8	7	6.8	1	0.6	8	2.8	13	12.6	2	1.1	15	5.3
Combined	1	1.0	2	1.1	3	1.1	0	-	5	2.8	5	1.8	0	-	10	5.6	10	3.5
Missing data or not applicable	1	1.0	23	12.8	24	8.5	5	4.9	20	11.1	25	8.8	8	7.8	26	14.4	34	12.0

children (23%), and decisions on equipment purchases (33%). The low frequency of parent consultation on admission of children should especially be noted with concern.

Student excursions have particular significance for most handicapped students because of any restricted mobility and their part in normalizing experiences. Table 9.40 indicates that all non-government schools provided some sport or recreation excursions, but some government schools (7.2%) did not. Both types of schools had small numbers which did not make educational visits or take students to art shows, music or drama. Almost half of the schools make weekly sport or recreation excursions, while educational visits were likely to occur as infrequently as once a term. Cultural activities involving excursions were less frequent and the most common frequency was once a term.

Academic programs in reading, writing and mathematics were provided in the majority of schools (Table 9.41), with government schools more likely to do so than non-government schools. In non-government schools the most common duration for the academic program was 10 hours per week, with a range of 29 hours. In government schools the modal program duration was 15 hours per week, with a range of 45 hours. The maximum duration of such programs presumably includes a homework component.

Relatively few schools had students who reached academic standards equivalent to completing high school (5%). Some students achieved at high school (6%) and 30 percent of the schools had students reaching at least high school level (Table 9.42). The government schools were much more likely to have students pursuing these courses of study and they were largely schools for physically handicapped children.

Some 87 percent of schools provided counselling and training in social skills and behaviour (including personal hygiene, deportment, dress. appearance, diet and sex education) and only four percent actually stated that they did not (missing data was 9 %). About half the schools used a curriculum with some structured aspects, about one quarter used a highly structured program and a little less than 10 percent used informal procedures (Table 9.43).

Table 9.41

Numbers of schools providing academic programs and duration of programs

Non-government						Government						All schools					
Yes	%	No	%	NA/MD	%	Yes	%	No	%	NA/MD	%	Yes	%	No	%	NA/MD	%
81	78.6	18	17.5	4	3.9	148	82.7	13	7.2	19	10.6	229	80.9	31	11.0	23	8.1

Average hours per week

Non-government	Government	All schools
mean = 9.5	mean = 13.7	mean = 12.2
mode = 10	mode = 15	mode = 15
range = 29	range = 45	range = 45

Table 9.42

Number of students completing an academic program

Level attained	Non-government			Government			All schools		
	No. of schools	%	No. of students	No. of schools	%	No. of students	No. of schools	%	No. of students
To secondary school entrance standard	8	7.8	23	46	25.5	183	54	19.1	206
Beyond secondary school entrance standard but not to the stage of obtaining formal educational qualifications	3	2.9	29	13	7.2	115	16	5.7	144
To the stage of obtaining formal educational qualifications	2	1.9	17	12	6.7	72	14	5.0	89

Table 9.43

Schools providing training and counselling in social skills and behaviour

Type of program	Non-government		Government		All schools	
	No.	%	No.	%	No.	%
Unstructured or informal	10	9.7	12	6.7	22	7.8
Structured in that it has a definite curriculum & goal	29	28.2	44	24.4	73	25.8
Structured in some aspects, unstructured in others	60	58.3	91	50.6	151	53.4
Not applicable/Missing data	4	3.9	33	18.3	37	13.1
Totals	103		180		283	

Independent living skills (cooking, washing, housekeeping, use of telephone, post office, banks, shopping, etc.) received attention from a high proportion of non-government (95%) and slightly fewer government (82%) schools. The use of highly structured curricula occurred in almost 40 percent of schools, with only a small number, about four percent, relying on informal or unstructured teaching approaches (Table 9.44).

Table 9.44

Schools providing training in independent living skills & techniques

Type of program	Non-government		Government		All schools	
	No.	%	No.	%	No.	%
Unstructured or informal	6	5.8	6	3.3	12	4.2
Structured in that it has a definite curriculum & goal	40	38.8	66	36.7	106	37.5
Structured in some aspects, unstructured in others	52	50.5	76	42.2	128	45.2
Not applicable/Missing data	5	4.9	32	17.8	37	13.1
Totals	103		180		283	

Table 9.45

Schools providing services to assist in transition from school to adult life

	Non-government						Government						All Schools					
	Yes		No		Missing data		Yes		No		Missing data		Yes		No		mising data	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Vocational or employment counselling	21	20.4	42	40.8	40	38.8	106	58.9	28	15.6	46	25.6	127	44.9	70	24.7	86	30.4
Employment sessions in a sheltered workshop	31	30.1	36	35.0	36	35.0	67	37.2	48	26.7	65	36.1	98	34.6	84	29.7	101	35.7
Employment experience in open industry	17	16.5	43	41.7	43	41.7	72	40.0	46	25.6	62	34.4	89	31.4	89	31.4	105	37.1
Training sessions in an activity therapy centre	39	37.9	31	30.1	33	32.0	32	17.8	63	35.0	85	47.2	71	25.1	94	33.2	118	41.7
Other programs assisting in the transition from school	15	14.6	0	-	88	85.4	46	25.6	29	16.1	105	58.3	61	21.6	29	10.2	193	68.2

In the light of current international and national interest in the transition from school to adult life, particularly work, the low level of support provided by special schools in this area is of some concern (Table 9.45). Non-government schools indicated only from 15 to 38 percent involvement in five types of transition services, though a non-response rate of from 32 percent to 85 percent makes the real situation unclear. Government schools had a noticeably higher provision of such transition programs (18% to 59%), while non-response, though still substantial, was generally smaller.

9.8 SUMMARY

This chapter has given a broad description of a group of 283 special schools in Australia. Information on the schools is presented first, followed by that for students and staff. The largest groups of government and non-government schools provide for the mentally handicapped. They draw their pupils from diverse geographical regions; from suburban areas to enrolling students from more than one state. Thirty-two non-government and 83 government schools have waiting lists - the number of children and adolescents involved on a national basis has been estimated at 2,110. Of the children enrolled in the previous 12 months, 711 (12%) were new enrolments of young children while 192 had been admitted to education programs who had not previously had access to education due to their handicapping condition. There is still a significant number of teachers in non-government and government special schools without qualifications, and 54 and 20 percent of the teachers in non-government and government special schools respectively have no special education training. In general, an improvement in the facilities is suggested for many schools; few have lunch/dining areas or adequate facilities for music and art, or a library. Resource areas capable of being used for many aspects of the curriculum common to special schools are typically lacking. A number of schools sought lower teacher-pupil ratios. While the schools generally appear to offer training in social living skills, the availability of activities likely to enhance the transition from school to adult life is low. Finally, there is a need for increased resource staff to assist in the overall school program for handicapped students, especially psychologists and therapists, but also including social workers.

Chapter 10

CHILDREN IN LONG-TERM RESIDENTIAL CARE

10.1 INTRODUCTION

The number of children and adolescents in long-term residence in a wide range of hospitals and long-term care institutions, and the nature of their developmental needs, has been an educational enigma in Australia for many decades. There has been considerable public debate over the years in most States over the living conditions, care and treatment provided for these institutionalized persons, but little information has been available beyond that contained in official government records and a few reports (see for instance, Stoller, 1955). However, in recent years there has been, educationally, a realization that appropriate developmental programs should be available to these children and young people.

Medically, too, there has been a growing awareness that basic health care falls far short of human needs for stimulation, therapy and training, and opportunities for growth in a normalizing environment.

Residential care programs include institutional, hostel and family group home services for children and adolescents under the care of health, education and social welfare agencies, and programs operated by voluntary community organizations. Some of these are short-term care programs, or operate on a periodic or week-day only basis, such as is reflected in the client turnover rates in some facilities of a correctional nature, or group homes for handicapped children from rural areas attending day schools in regional centres.

10.2 A SCHOOLS COMMISSION INITIATIVE

When the Schools Commission introduced its Children in Institutions Program in 1977, a major difficulty was to obtain accurate information of the extent of institutionalization for care and protection in Australia, and the needs of children in long-term care, especially those in health related services.

The Commission's Report for the triennium 1976-78 made the following statement on the paucity of information available to it in 1975:

> "Despite considerable efforts there was real difficulty in obtaining an adequate factual picture of the situation.... some children appear to be isolated from the professional services and resources generally available...There are indications that the educational provision made for children in some of these institutions is inadequate and may even be non-existent... A proper examination of the needs of these children might raise wide questions about the type of care provided for them in some institutions - the pattern of their life and the help they are given in overcoming their disadvantages."

In its 1977-79 Report the Commission stated that it had been possible "to conduct a limited investigation into needs in this area and the results of this enquiry have reinforced the Commission's view that some immediate action should be taken." The purpose of the grants made for 1977 was "to provide the type of support to the children's education which may be otherwise lacking in the institutional setting. They were intended to help to bring the life experience of these children closer to that of children in normal homes and to enable the institution to provide suitable support to the child's formal education." Thus a beginning was made in the provision of commonwealth funds to provide experiences of a broad educational type; consideration of stimulating formal educational programs for these children, where necessary, was expected to follow.

After almost two years of operating this program for Children in Institutions, the following statements were made in the Commission's Report for the 1979-81 Triennium (April, 1978). The program "which provides funds for limited projects aimed at normalising and enriching the educational experience of children in residential institutions is receiving widespread support. A variety of interesting projects have been implemented." The numbers of children and young people in institutions (see Table 10.1) "represent an increase of nearly 50 percent over the numbers of students identified in the Commission's 1976 survey, illustrating the paucity of information available in the area. The program already has had important effects beyond those accruing to children benefiting from projects funded under it. As well as bringing information into the public arena about a much neglected area of social policy, it has brought people and State departments operating residential institutions for children in care, for a variety of reasons, including correctional ones, in touch with each other and initiated much needed dialogue on the basis of a common task affecting the welfare of children and young people who are among the most disadvantaged in the society."

Table 10.1

CHILDREN AND YOUNG PERSONS AGED 5-18 YEARS RESIDENT IN INSTITUTIONS, 1977 (a) (b)

Institution and Sector	New South Wales Number of		Victoria Number of		Queensland Number of		South Australia Number of		Western Australia Number of		Tasmania Number of		All States Number of	
	Inst.	Resid.	Inst.	Resid.	Inst.	Resid.	Inst.	Resid.	Inst.	Resid.	Inst.	Resid.	Inst.	Resid.
Treatment/correctional														
Government	8	676	3	290	1	43	—	—	3	115	2	53	17	1,177
Non-government	—	—	1	48	—	—	—	—	—	—	—	—	1	48
Treatment/emotionally disturbed														
Government	2	139	2	42	1	—(c)	—	—	2	36	2	29	9	246
Non-government	—	—	1	8	—	—	—	—	3	45	—	—	4	53
Remand/assessment/reception/treatment														
Government	8	391	5	294	5	188	6	227	3	220	—	—	27	1,320
Non-government	3	93	—	—	—	—	1	36	—	—	—	—	4	129
Residential care, internal school														
Government	4	353	1	35	—	—	—	—	—	—	—	—	5	388
Non-government	2	147	8	525	5	275	—	—	3	79	1	31	19	1,057
Residential care, external school														
Government	33	323	64	384	3	—(c)	30	257	32	648	—		162	1,612
Non-government	79	1,693	80	1,475	47	878	16	296	14	368	12	255	248	4,965
Hospitals with internal schools														
Government	8	197	1	20	—	—	1	—(c)	2	263	—	—	12	480
Non-government	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Residential special schools														
Government	1	112	—	—	1	56	—	—	2	31	4	79	8	278
Non-government	13	471	23	524	20	242	2	92	2	31	—	—	60	1,360
Mental retardation centres														
Government	7	373	16	1,045	2	168	1	194	3	135	1	184	30	2,099
Non-government	2	10	5	39	1	34	1	155	—	—	—	—	9	238
Total	170	4,978	210	4,729	86	1,884	58	1,257	69	1,971	22	631	615	15,450
Government	71	2,564	92	2,110	13	455	38	678	47	1,448	9	345	270	7,600
Non-government	99	2,414	118	2,619	73	1,429	20	579	22	523	13	286	345	7,850

(a) Based on a survey of institutions conducted in 1975, updated to 1977 where data have become available.

(b) Many of the figures in this table are estimates

(c) Not available

(Source: Schools Commission, Report for the Triennium 1979-81, page 182)

A Schools Commission report (1978) gives information on the projects approved for funding in 1977. The program was described as seeking to assist in meeting the needs of children in institutions by providing an injection of personnel, equipment, and opportunities to enable institutions to support the education children receive, by enhancing their cognitive growth and broadening their general experiences. In many ways it had an outreach and extension function, to extend the social contact and competence of institutionalised persons and to stimulate growth in widely ranging educational areas, such as survival skills, independent living, human sexuality, personal development, environmental consciousness, values, education, and "remedial" education (Tudor, 1978).

The information in Table 10.1 gives an overview of the types of institutional facilities which are provided and the combinations possible between institutional and educational services. The broad notion of an institution or residential care facility in the Schools Commission program covers the major residential programs of health and social welfare departments and the residential provisions associated with special schools. These include:

1. long-term institutions for persons with severe psychiatric disorders
2. institutions for persons with social/emotional problems
3. residential settings for children experiencing autism
4. long-term residential care for the mentally handicapped
5. hospital settings for the profoundly multiply handicapped
6. residence for children in care and protection (non-offenders)
7. residence for offenders (correctional)
8. family group homes within the community for handicapped children
9. residence for state wards generally.

10.3 INSTITUTIONS : A LEGACY FROM THE PAST

It was during the early part of the 19th century, when the Australian colonies were being established that the first orphan school and the first charity school were founded in New South Wales, soon to be followed by a female school of industry. Likewise, 1828 was to see the King's Orphan School founded in the colony of Tasmania, in Hobart Town.

These developments were among precursors to the establishment of an institutional heritage.

The governors of the colonies found a lack of charitable support for public institutions, such as was available in England, and colonial funds generally could only lightly be supported by charitable philanthropy in the development of institutions and schools for the destitute, the orphaned, and for juvenile offenders. As a result, it was the colonial governments that tended to prompt and financially support the first care and protection institutions in this country. Even the early Benevolent Societies, such as those established in Sydney in 1813 and in Hobart in 1860, suffered from the depressed conditions, and many similar societies were to founder under the demands made by the destitute and needy upon their meagre funds. This general lack of capacity for charitable giving in the colonies persisted for many decades.

In addition to early institutions for socially disadvantaged children, early medical institutions also were established with a view to charitable support. In the development of a hospital service in South Australia, to take an example, there are indications of efforts to obtain charitable contributions, but these were not very successful. Thus, what is now the Royal Adelaide Hospital was dependent on the colonial government of South Australia from its inception as a hospital for the indigent sick in 1837. As was the case with early social institutions, governments had to accept a large share of the responsibility in providing medical facilities.

By the mid-1800s, however, some services did have more success than others in attracting charitable support. For instance, the Royal Victorian Eye and Ear Hospital, founded in 1863 by Dr. Andrew Gray in a rented house in East Melbourne, and offering treatment to the poor and destitute suffering from diseases of the eye and ear, was passed into the hands of a voluntary committee of citizen management in 1866. In the 1860s voluntary organizations also successfully founded asylums, or institutions, offering schooling for the deaf and dumb in Sydney and Melbourne, and these efforts were soon followed by schools for the blind (see Chapter 2).

But, voluntary efforts on behalf of the mentally handicapped were not yet forthcoming; and for many years after the 1860s, the main centres for their retention were to be the institutions established, mainly for the mentally ill, by government authorities.

It is interesting to note that many of the early institutions catering for these children, when established, began with an educational objective expressed in the aims on which they were founded. For instance, early records in respect to both Kew Cottages in Melbourne (1889), and the Watt Street Institution in Newcastle (1872) refer to the inclusion of a teacher in their early appointments. Likewise, Minda Home in Adelaide, Australia's only private or voluntary based large charitable residential institution for the mentally handicapped, set up in 1897, also included a teacher in its early staff appointments. As was the practice of the period, one or two experienced staff to take up management and teaching duties were appointed from Britain.

This early education promise,however,was not fulfilled. For many decades the prevailing condition of the handicapped in institutions was characterised by isolation, segregation, deprivation of most forms of social participation, greatly diminished citizenship, de-humanizing conditions of life, exploitation of labour, physical neglect, and often early death. Many government residential services continue to be housed in aging and inadequate buildings. A standard of multiple beds to each dormitory is common, with no provision whatsoever for wardrobes or other items of furniture, little or no partitioning, and limited space for movement. The children who inhabit these dormitories may not have personal day clothing or nightwear, indeed personal possessions are virtually non-existent. Any suggestion that these children have need for privacy or dignity could not be entertained in such surroundings.

Physical comfort, respect for the person of the handicapped, and his or her environment, are too often not considered to be important in institutional care. Physical comfort depends on the provision of comfortable furniture, carpeting, adequate warmth and cooling, a reasonable degree of cleanliness, and the absence of unpleasant odours and noise levels. Food should be of good quality (and at least the same quality as staff food), tasteful, balanced in dietary needs, with some individualization in its serving and presentation, if not preparation.

Respect for the person of the handicapped should be shown in such values as privacy and dignity. These demand small living units or areas, personal furniture in bedrooms to contain personal clothing and possessions, privacy in dressing, bathing and toileting. The term "mortification" is

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often applied to the common institutional practice of denying these rights. Practices grouped under this term include mass bathings and medical examinations without adequate privacy, imposition of hair cuts and uniform clothing, unnecessary screening of pocket contents and other personal possessions, unnecessary regimentation, grouping some handicapped persons with others of less advanced behavioural ability and habits, and inappropriate physical control of the handicapped due, for example, to insufficient staffing.

Even in long-term care the handicapped should have a private sphere of their own, and things that are exclusively theirs. Opportunities should exist to choose between alternatives, to make decisions within the realm of their ability. The handicapped should be listened to, even if they cannot express themselves in a conventional manner, and need the chance to make choices, and be accepted by and integrated into the community.

If we accept the right of a severely handicapped child, no less than other children, to a home, to privacy, to participation in the running of that home and using it as a base from which to explore a wider and varied society, then these will have very wide-reaching implications for patterns of residential care and for life within the homes and residentials that we provide. For a start, the segregation of handicapped people from their own localities, as now happens in residential hospitals, will no longer be justifiable. Rather, residential provision should be part of comprehensive services based on small population areas and situated within those areas. Handicapped people should have the opportunity to go on living in the locality into which they are born and in which they have their earliest social experiences.

Services provided should not only take a humane approach to the handicapped but should also seek to limit their apparent differences in respect of appearance. These differences have a marked effect on society's judgment of the handicapped person. For instance, concern for sensory loss, crippling conditions, malformations, obesity, and so on, is as important as education programs to improve the handicapped person's level of social acceptability, and is as important as efforts to eliminate bizarre mannerisms such as self-mutilation, extreme destructiveness, and stereotyped behaviour. Efforts need to be made to minimize the stigma from all these types of difference and disability. Visual conditions such as strabismus can be treated surgically, remedial surgery is also possible for many twisted limbs and prostheses, such as hearing aids, can be made inconspicuous for all children.

As well as teaching the non-ambulatory person to walk we should also pay attention to the quality of his gait; the deaf should learn to speak and do so in an acceptable tone of voice; the mentally handicapped should be taught to dress and to do so in an appropriate style.

The Woodhouse and Meares report on compensation and rehabilitation recently elaborated criteria on which to base the provision of a broad range of services.* These criteria are applicable to habilitation services for the handicapped, and suggest that to be truly adequate our efforts on behalf of the disabled should meet six demands. These are the demands of:

universality
accessibility
flexibility
comprehensiveness
continuity, and
completeness.

Two of these are especially pertinent to our present discussion.

Universality suggests that appropriate services should be available to the whole population, in all geographic areas, to all handicapped groups, to all age levels from birth onwards.

Flexibility suggests that the changing patterns of disease and handicaps, advances in technology and changing social structures should elicit a flexible response in services. Thus the recognition of conditions such as autism, or the growth of relative numbers of children suffering from spina bifida, dictate that appropriate services be provided. Likewise when social expectations change to the point that inadequate institutional care of the severely and profoundly handicapped is no longer acceptable provision, services should be flexible enough to meet the changing outlook.

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* *See Woodhouse, A.O., and Meares, C.L.D. Compensation and Rehabilitation in Australia. Canberra, AGPS, 1974.*

Taken together these criteria suggest a pattern of help to the handicapped, including the profoundly handicapped, not always envisaged. Such a situation should not be seen as a "pipe-dream", or a suggestion that we should over-provide for the handicapped. What is really being suggested is that appropriate treatment requires a pattern of services that can provide highly differentiated help to the handicapped throughout their lifetime. Differentiated help means a full range of services capable of meeting the specific needs of each handicapped child or adult. Educationally this means a range of programs to meet individual needs, within a school service or otherwise, adequately backed up by support programs. This implies an extension of educational opportunities for some,both before and after the usual age for schooling.

In residential care, it demands that we implement a small group principle in services. Living in a small group is a basic human right, and only small group living can provide the environment and individual treatment needed by each handicapped person. Large impersonal institutions are destructive of the individual. They have been rightly described as "warehousing institutions" which cannot habilitate the handicapped and lead to the deterioration of the residents.

The right to appropriate treatment was defined by Judge Johnson during a Court action in Alabama, U.S.A.*, concerned with conditions in an institution for the mentally retarded. His definition suggested that adequate treatment revolves around three basic elements:

1. A humane physical and psychological environment.
2. Qualified staff in numbers sufficient to carry out the treatment plans.
3. Individualized treatment plans.

To impregnate these three elements into all of our services would go a long way to meeting the needs of the handicapped. It should be noted that in addition to consideration of the environment, these points emphasize that the right to treatment cannot be met if qualified staff are not provided in sufficient numbers to give appropriate and individualised treatment in all settings, including hospitals and institutions, and that comprehensive services are required.

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* *See Goldberg and Lippman (1974).*

In most cases it was not until the post-World War II period that the few present-day school programs in these institutions were developed. Where these programs do exist today, usually only for some children and adolescents in each institution, the education and training provided is often interdisciplinary-based with therapists working with teachers and other staff. In some cases, such as at Minda Home and the Strathmont Centre in South Australia, extensive school programs are provided. It is also not unusual for selected children in residential care to attend special schools in the community. It needs to be emphasised, however, that all children and adolescents in long-term residential care or in specialist hospitals are not yet receiving education services.

From the results of a survey on mental health facilities and needs in Australia undertaken by Stoller in the early 1950s (Stoller, 1955), it is apparent that little progress in this country had been made up to then in respect to the classification of institutionalized persons, and provision of developmental programs. Stoller reported that psychiatric hospitals had had to care for the severely mentally handicapped where no separate accommodation existed for these persons; sometimes children with mental handicap were located in the same wards as the elderly and senile. Even though these mentally handicapped persons in institutional care were only a small proportion of the population incidence, there were 33,458 such children and adults in care in 1952/53. Of these, 1504 (4.5%), were aged under 15 years. In Victoria the under-15 age group represented 7 percent of those mentally handicapped in long-term care, and 8.7 percent of admissions for each of the years 1947-53. The comparable figure for New South Wales and Queensland was 6 percent. Stoller reported that Victoria, Queensland and Tasmania alone had attempted to provide some community services to these subjects - that is beyond merely placing them in hospital settings. As there was an unsatisfied demand for the beds in long-term care institutions at the time, there was an increasing public demand for the establishment of day centres, and for special teachers.

In the early 1950s state education departments were beginning to enter the field of providing services for severely mentally handicapped children, especially in selection and placement procedures through developing guidance clinics, and a small number of special schools had been established. A widespread movement among voluntary persons to establish organizations for the provision of services within the community was evident. Stoller, however, as a result of his study recommended that state health departments should develop mental deficiency programs, and reference was made to the need for new institutions and an increase in beds available for the institutional care of the severely and profoundly handicapped. In all the need for over 7,500 new institutional beds was emphasised. It is not necessary to suggest that at that time institutional care was still predominant as a means of coping with the severely mentally handicapped, and the concept of integration within the community was yet to gain a foothold.

10.4 THE PRESENT

One major group of children and young people in institutional care are in hospital-based or similar services, provided by health departments. They fall into two groups:

1. those who are severely and profoundly mentally handicapped, whose medical needs are minimal, and who tend to be largely provided with care and custody in a traditional hospital-type institutional setting, and
2. those profoundly mentally handicapped children in hospital units for whom medical services are currently the primary treatment.

The former group comprise the majority of children and adolescents in long-term institutional programs. The latter group of profoundly handicapped children are usually located in special wards or units in long-term residential hospitals or in units attached to general or specialist hospitals. As a group, they are mostly in receipt of basic medical and self-care. Very little progress has been made in this country toward providing them with adequate therapy, stimulation,or training aimed at reducing the effects of long-term hospitalization and promoting the development of their potential for social responses and skill development. In many of these hospital situations the medical care is of a high standard, and has contributed significantly to the survival and lengthening of the life span of these profoundly multiply handicapped children. But they are an important group who require developmental programs of a type not yet provided.

Provisions made in this area vary from state to state, but the pattern in 1978 had not departed greatly from what it has been for many decades, although some changes have occurred. As we have seen, most severely to profoundly mentally handicapped children traditionally were placed in institutional care. In the last decade some new and more appropriate institutional settings have been provided, the number of children in these residential/hospital-based services has tended to decline, a number of these institutions have made provision for education and related services for at least some of the children in their care, and two states have changed the staffing of the residential aspects of these programs from staff with nursing qualifications to those with training in residential care.

In a recent review, Tudor (1978) comments on a current significant trend away from segregated congregate care provisions, especially in the welfare field but less so in medically-related services. There has been a move towards "integration" of handicapped persons within the community, and the education system. "The fact that this program has been so well accepted by the departments and agencies responsible for institutions, is clear evidence of the current desire to maximise the life opportunities for children, adolescents and adults in care. Whilst institutions have been with us for a great many years, it is evident that there is still a very significant shortfall in the development of strategies, techniques and programs devised to assist in the education of institutionalised handicapped and disadvantaged persons". Tudor emphasizes that a great deal more research and practice needs to be undertaken in seeking to provide optimum programs especially for the severely and profoundly mentally retarded, although the results of pilot programs in a number of institutions in Australia in this area are encouraging.

In the long-term it is apparent that educational services within institutions in Australia range over the following:

1. No educational or related services at all.
2. "Occupational" programs provided by institutional staff with little back-up or support from appropriate professional or para-professional staff.
3. Programs and activities provided by visiting interested individuals/groups.
4. Formal educational facilities and services provided within the institutions to some or all residents.
5. Attendance of residents at regular community education facilities.
6. Various combinations of the above, together with combinations of government and non-government staffing, funding and responsibility. (Tudor, 1978)

10.5 A SURVEY OF LONG-TERM RESIDENTIAL CARE PROVIDED BY GOVERNMENT HEALTH AND SOCIAL WELFARE AUTHORITIES.

As indicated earlier in this chapter, there is considerable diversity in the residential programs provided for handicapped and disadvantaged children and young people. Some voluntary organizations provide residential programs in large complexes, such as Minda Home in Adelaide, and many voluntary groups and social welfare agencies provide short-term or week-day only residence in group homes or larger residential settings. The major gap in information in this area is, however, about the numbers of children and adolescents in long-term care provided by government health and welfare authorities, and the nature of any developmental, including education, programs available to these children.

This survey of long-term residential care sought, therefore, to elucidate this area. A prepared data sheet was forwarded to each state and territory health and social welfare department.* The proforma ** sought details of the number and ages of residents in short-term and long-term care, and the educational and related services available to them. The information provided is analysed in the following tables.

It will be noted that there was a low return rate to this questionnaire from welfare departments, and this must be taken into account in the interpretation of that data. Table 10.2 indicates those departments from which a return was not received. These included welfare departments in Queensland, Victoria and New South Wales which would account for very considerable numbers of the population being studied. Some departments included long-term residential care centres associated with voluntary organisations in their returns.

Table 10.3 sets out the number of long-term residential care facilities by state and type of facility, and Table 10.4 indicates the number of short-term facilities. The seven states and territories reporting on health department facilities listed 52 institutions for long-term care. The corresponding figure for welfare departments in three states was 39. There are few short-term institutional facilities operated by health departments.

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* *Except welfare departments in the Northern Territory and Australian Capital Territory and the health department of the Northern Territory.*

** *An example of the proforma is given in Appendix B in Volume 2 of the first edition of this report - see explanatory note at p.311 of this volume.*

Table 10.2

Returns from state and territory health and welfare departments on residential care facilities

State or territory	Health Department	Welfare Department
ACT	yes	*
NT	*	*
QLD	yes	no
VIC	yes	no
NSW	yes	no
SA	yes	yes
TAS	yes	yes
WA	yes	yes

* Data not requested.

Tables 10.5 and 10.6 set out the number of children and adolescents in the long-term and short-term residential facilities reported on. Unfortunately these figures cannot be compared with Table 10.1 as that table does not indicate the controlling authority. It is likely that significant numbers are represented by the welfare facilities in New South Wales, Victoria and Queensland not reported on. However, the returns received have been analysed to indicate the educational services available to these children and adolescents.

Tables 10.7 and 10.8 present data on the number of children and adolescents in long-term residence and the educational service they receive. The most important figure to note is that 848 children and adolescents aged to 18 years in health department long-term care (25% of all residents) do not receive any education program, while only 61.1 percent had a full-time program. Some 5 percent received 2 days or less per week of education. Of those who did receive a full-time program, over two-thirds (72.1%) attended a school within the hospital or institution, while 27.9 percent attended community schools. Of the small group of children aged less than 5 years in the long-term care of health departments, only 28 (35.9%)

Table 10.3

Number of long-term residential care facilities: by state and type of facility*

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Health Departments								
Intellectual handicap	)	)	)	)	)	)		)
Profoundly multiply handicapped	)	)	)	)	)	)		)
Social and emotional disorders	)12	)12	)12	)5#	)7	)1		)3
Care and protection	)	)	)	)	)	)		)
Severe psychiatric disorders	)	)	)	)	)	)		)
Total	12	12	12	5	7	1		3
Welfare Departments	xx							
Intellectual handicap				1	-	1		
Profoundly multiply handicapped				1	-	-		
Social and emotional disorders				15	2	-		
Care and protection				9	-	-		
Correctional				4	3	3		
Total				30	5	4		

* Most facilities operated by health departments cater for more than one of the groups of handicapped children or adolescents. In this and the following tables there is also some overlap between long-term and short-term facilities, a number of which provide residence for both short-term and long-term stays. The facilities may vary across the states from large institutions to small family-type homes. This information was not sought for the Northern Territory or for Australian Capital Territory Welfare facilities.

# One centre caters for children with physical handicaps.

xx Vertical lines indicate that no data were supplied

Table 10.4

Number of short-term residential care facilities: by state and type of facility *

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Health Departments								
Intellectual handicap	-	-	-	4ø	-	-		-
Social and emotional disorders	1#	-	-	-	-	-		-
Total	1			4				
Welfare Departments	xx							
Intellectual handicap				-	-	1		
Social and emotional disorders				2	1	-		
Care and protection					1	-		
Correctional				2	4	3		
Total				4	6	4		

* This information was not sought for the Northern Territory or for Australian Capital Territory welfare facilities.

# Also caters for some physically handicapped children, mostly with short-term difficulties.

ø One centre caters for children with physical handicaps.

xx Vertical lines indicate that no data were supplied.

Table 10.5

Number of children and adolescents in long-term residential care facilities:by state and type of facility *

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Health Departments								
Intellectual handicap	1002	1242	374		251	107		46
Profoundly multiply handicapped								
Social and emotional disorders				387#				
Care and protection								
Severe psychiatric disorders								
Total	1002	1242	374	387	251	107		46
Welfare Departments	xx							
Intellectual handicap				8	-	9		
Profoundly multiply handicapped					-	-		
Social and emotional disorders				175	15	-		
Care and protection					66	-		
Correctional						7		
Total				183	81	16		

* This information was not sought for the Northern Territory or for Australian Capital Territory welfare facilities.

# Includes 44 children with physical handicaps.

xx Vertical lines indicate that no data were supplied.

Table 10.6

Number of children and adolescents in short-term residential care facilities: by state and type of facility *

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Health Departments								
Intellectual handicap	-	-	-	21#	37	-		
Profoundly multiply handicapped	-	-	-		-	-		-
Social and emotional disorders	11#	-	-	-	-	-		-
Total	11	-	-	21	37	-		
Welfare Departments	xx							
Intellectual handicap				-	-	4		
Profoundly multiply handicapped				-	-	-		
Social and emotional disorders				14	5	-		
Care and protection					84	-		
Correctional				33		21		
Total				47	89	25		

* This information was not sought for the Northern Territory or for Australian Capital Territory welfare facilities.

# Includes some children with physical handicaps.

xx Vertical lines indicate that no data were supplied.

Table 10.7

Number of children and adolescents in Health Department long-term residential care facilities: by state, age, and educational service

	NSW	VIC	QLD	SA	WA	TAS	NT*	ACT
Residents Attending School Full-time								
In a school within the hospital/institution								
- aged 5- 9 years	49	48	-	48	20	7		-
- aged 10-14 years	179	205	3	120	37	13		2
- aged 15-18 years	131	168	10	174	51	5		2
In a school outside the hospital/institution								
- aged 5- 9 years	42	33	8	-	20	-		6
- aged 10-14 years	114	51	28	-	24	-		15
- aged 15-18 years	36	38	18	30	21	-		8
Residents Attending School Part-time								
At least 3 days equivalent per week								
- aged 5- 9 years	5	7	-	1	-	-		2
- aged 10-14 years	23	11	1	-	-	-		-
- aged 15-18 years	25	23	1	1	2	-		2
1 or 2 days equivalent per week								
- aged 5- 9 years	-	21	6	1	2	-		2
- aged 10-14 years	4	15	15	-	2	-		-
- aged 15-18 years	-	11	29	-	2	2		-
Less than 1 day equivalent per week								
- aged 5- 9 years		2	2	-	2	-		-
- aged 10-14 years		3	-	-	8	-		-
- aged 15-18 years		-	-	-	9	-		-
Other Residents								
Aged less than 5 years								
- with no pre-school or other related service	23	11	6	7	-	2		1
- with pre-school or other related service	5	13	-	-	8	-		2
Aged 5-18 years								
- with no school service	259	347	186	-	-	56		-
Aged 19, 20 years	106	235	61	5	43	22		4
Total residents aged 20 years and under	1002	1242	374	387	251	107		46

* Entries in this table are not applicable to the Northern Territory

Table 10.8

Number of children and adolescents in Welfare Department long-term residential care facilities:by state, age, and educational service

	NSW*	VIC*	QLD*	SA	WA	TAS	NT#	ACT#
Residents Attending School Full-time								
In a school within the hospital/institution								
- aged 5- 9 years				-	6	-		
- aged 10-14 years				-	20	-		
- aged 15-18 years				60	55	2		
In a school outside the hospital/institution								
- aged 5- 9 years				15	-	1		
- aged 10-14 years				54	-	6		
- aged 15-18 years				12	-	3		
Residents Attending School Part-time								
At least 3 days equivalent per week								
- aged 5- 9 years				3	-	-		
- aged 10-14 years				-	-	1		
- aged 15-18 years				-	-	2		
1 or 2 days equivalent per week								
- aged 5- 9 years				3	-	-		
- aged 10-14 years				2	-	-		
- aged 15-18 years				5	-	-		
Less than 1 day equivalent per week								
- aged 5- 9 years				-	-	-		
- aged 10-14 years				-	-	-		
- aged 15-18 years				-	-	-		
Other Residents								
Aged less than 5 years								
- with no pre-school or other related service				1	-	-		
- with pre-school or other related service				-	-	-		
Aged 5-18 years								
- with no school service				18ø	-	1		
Aged 19, 20 years				10	-	-		
Total residents aged 20 years and under				183	81	16		

* No data supplied

# Entries in this table are not applicable to the Northern Territory or Australian Capital Territory.

ø The 18 residents are reported to be at work or unemployed.

received some educational experience. The comparable figures to the above for welfare departments in the three states responding indicate a more acceptable pattern of educational provision, as would be expected from the data in Tables 10.5 and 10.6

Tables 10.9 and 10.10 present data on children and adolescents in short-term residential facilities. The position here, from the available data, is clearly more adequate in so far as most children attend a school outside their hospital or institution. However, the amount of missing data is to be noted, and the numbers of children and adolescents involved is small.

Tables 10.11 and 10.12 present the overall picture of children in health and welfare department long-term residential care who are receiving full-time or part-time education, and those children and adolescents who are not receiving such services.

10.6 SUMMARY

The above data, though limited by welfare departments, highlight an important area of need in Australian education. Children in institutions, who are those generally most handicapped, and who have fewer opportunities for growth and development than their peers, are the most 'at risk' group of children in Australia. That over 30 percent of the children and adolescents aged to 18 years in the care of health departments received no education whatsoever is most disturbing. These children have, therefore, little chance of learning skills and behaviours that may enable them to live within the community, even in a less restricted environment. The behaviour and learning problems of these institutionalized children will continue to be a concern and it is possible that management difficulties will increase. It needs to be remembered, in considering the data, that large institutions frequently lack adequate facilities, and living conditions are often under criticism. These environmental limitations must be of further detriment to the development prognosis of the children.

Table 10.9

Number of children and adolescents in Health Department short-term residential care facilities: by state, age and educational service

	NSW	VIC	QLD	SA	WA	TAS	NT*	ACT
Residents Attending School Full-time								
In a school within the hospital/institution								
- aged 5- 9 years	-	-	-	12	-	-		-
- aged 10-14 years	-	-	-	4	-	-		-
- aged 15-18 years	-	-	-	-	-	-		-
In a school outside the hospital/institution								
- aged 5- 9 years	-	-	-	-	4	-		-
- aged 10-14 years	7	-	-	-	12	-		-
- aged 15-18 years	4	-	-	-	16	-		-
Residents Attending School Part-time								
At least 3 days equivalent per week								
- aged 5- 9 years	-	-	-	-	-	-		-
- aged 10-14 years	-	-	-	-	-	-		-
- aged 15-18 years	-	-	-	-	2	-		-
1 or 2 days equivalent per week								
- aged 5- 9 years	-	-	-	-	-	-		-
- aged 10-14 years	-	-	-	-	-	-		-
- aged 15-18 years	-	-	-	-	-	-		-
Less than 1 day equivalent per week								
- aged 5- 9 years	-	-	-	-	-	-		-
- aged 10-14 years	-	-	-	-	-	-		-
- aged 15-18 years	-	-	-	-	-	-		-
Other Residents								
Aged less than 5 years								
- with no pre-school or other related service	-	-	-	-	-	-		-
- with pre-school or other related service	-	-	-	5	1	-		-
Aged 5-18 years								
- with no school service	-	-	-	-	-	-		-
Aged 19, 20 years	-	-	-	-	2	-		-
Total residents aged 20 years and under	11	-	-	21	37	-		-

* Entries in this table are not applicable to the Northern Territory.

Table 10.10

Number of children and adolescents in Welfare Department short-term residential care facilities: by state, age, and educational service

	NSW*	VIC*	QLD*	SA	WA	TAS	NT#	ACT#
Residents Attending School Full-time								
In a school within the hospital/institution								
- aged 5- 9 years				-	6	-		
- aged 10-14 years				-	15	1		
- aged 15-18 years				-	21	1		
In a school outside the hospital/institution								
- aged 5- 9 years				-	-	1		
- aged 10-14 years				6	-	10		
- aged 15-18 years				1	-	-		
Residents Attending School Part-time								
At least 3 days equivalent per week								
- aged 5- 9 years				9	32	2		
- aged 10-14 years				23	15	1		
- aged 15-18 years				-	-	-		
1 or 2 days equivalent per week								
- aged 5- 9 years				-	-	-		
- aged 10-14 years				-	-	1		
- aged 15-18 years				-	-	1		
Less than 1 day equivalent per week								
- aged 5- 9 years				-	-	-		
- aged 10-14 years				-	-	-		
- aged 15-18 years				-	-	-		
Other Residents								
Aged less than 5 years								
- with no pre-school or other related service				-	-	-		
- with pre-school or other related service				-	-	-		
Aged 5-18 years								
- with no school service				8	-	7		
Aged 19, 20 years				-	-	-		
Total residents aged 20 years and under				47	89	25		

* No date supplied

# Entries in this table are not applicable to the Northern Territory and Australian Capital Territory.

Table 10.11

Summary of children and adolescents of school age (5-18 years) in Health Department long-term residential care by state and educational service.

	NSW	VIC	QLD	SA	WA	TAS	NT *	ACT	TOTAL*
Full-time school	551	543	67	372	173	25		33	1764
Part-time school	58	93	54	3	27	2		6	243
No school program	259	347	186	-	-	56		-	848
Number of residents aged 5-18 years	868	983	307	375	200	83		39	2855
Percentage of residents aged 5-18 years without school programs	29.84	35.30	60.59	-	-	67.47		-	29.70
Percentage of residents aged 5-18 years without full-time school programs	36.52	44.76	78.17	0.80	13.50	69.99		15.38	38.21

* Not applicable.

Table 10.12

Summary of the numbers of school-age children and adolescents in Welfare Department long-term residential care by state and educational service *

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	TOTAL #
Full-time school	xx			141	81	12			234
Part-time school				13	-	3			16
No school program				18ϕ	-	1			19†
Number of residents aged 5-18 years				172	81	16			269†
Percentage of residents aged 5-18 years without school programs				-	-	6.2			0.4
Percentage of residents aged 5-18 years without full-time school programs				7.6	-	25.0			6.8

* Entries in this table are not applicable to the Northern Territory or Australian Capital Territory.

# Totals have been included for percentage calculation only, they do not represent Australia-wide figures due to the low return rate.

ϕ At work or unemployed.

† Includes 18 school aged adolescents at work or unemployed.

xx Vertical lines indicate that no data were supplied.

Despite the limitations referred to in the data presented in this chapter, two points need to be made. First, there appears to be little use made today of short-term care for handicapped children by health authorities, this form of provision generally being employed by welfare departments. In addition, welfare departments as a rule provide for different populations of children and in different settings from health departments, and the above data suggest that educational deprivation may not be as great in their facilities. However, returns on long-term care by welfare authorities were not received from the three most populous states.

Second, as health department long-term residential care has been highlighted as the major area of concern, it should be noted that the data on this provision is given in the above tables, and it may be estimated that of nearly 3,000 school-aged children and adolescents residing in health department institutions in Australia, some 850 do not receive any educational treatment, and nearly 1,100 do not receive full-time schooling.

Chapter 11

TEACHER EDUCATION

11.1 INTRODUCTION

In view of the major commitment of the Schools Commission to the improvement of teacher education in special education, it was decided to obtain information on teacher qualifications from a sample of teachers in special schools. It is recognised that there are important groups of teachers working in special units and as resource personnel in regular schools about whom little data were collected, but the information on teachers in special schools provides a useful foundation from which a study of teacher qualifications could be made.

In addition, handbooks and descriptions of courses were obtained from universities and colleges of advanced education and an informal analysis was made of special education courses for regular and special teachers.

11.2 TEACHERS IN SPECIAL SCHOOLS

More than 1500 teacher questionnaires were sent to 517 special schools with a request that they be distributed to three randomly selected teachers (the principal being eligible for selection). Five hundred and sixty-two teachers responded, being drawn from 225 schools (144 schools returned three questionnaires, 49 returned two and 32 returned only one). School returns by state were: N.S.W. (43), Vic. (66), Qld (60), S.A. (18), W.A. (19), Tas (13), N.T. (1), ACT (5). Eighty-three non-government schools were represented (Table 11.1).

The teachers who returned questionnaires taught in schools for handicapped children as indicated in Table 11.2. Two-thirds were teachers of the mentally handicapped. Most of those using the "other" category were from New South Wales and Victoria. Some teachers from the same school gave conflicting categories for the major handicapping condition of the students. They may of course have been influenced by the composition of their own class, but it seems more likely that the general heterogeneity of special school student groups has made it difficult for some teachers to specify student handicaps.

Table 11.1

Teacher questionnaire returns: by school type

No. returned per school			State	Type of school
3	2	1		
11	9	4	NSW	Non-government
9	4	6		Government
26	8	0	VIC	Non-government
21	8	3		Government
10	5	3	QLD	Non-government
32	6	4		Government
3	0	0	SA	Non-government
12	1	2		Government
3	1	0	WA	Non-government
8	1	6		Government
7	3	3	TAS	Government
0	1	0	NT	Government
2	2	1	ACT	Government

Table 11.2

Distribution of teachers:
by category of student handicaps

Category of handicap	No.	%	Category of handicap	No.	%
Visual	15	2.7	Other	53	9.4
Hearing	30	5.3	(deaf-blind 5 hospital 7		
Physical	60	10.7	social disadvantage 10		
Intellectual	380	67.6	language/reading 4		
Behaviour	24	4.3	autistic 4 emotional 6 multiple 16 no response 1)		

The age of the responding teachers was predominantly between 20 and 39 years (Table 11.3). An unusually high proportion of teachers failed to indicate their sex (2.3%). Of the remainder 24.6 percent were male, 75.4 percent were female.

Table 11.3

Age distribution for special education teachers

Age group	No.	%	Age group	No.	%
<19	18	3.2	40-49	116	20.6
20-29	185	22.9	50-59	38	6.8
30-39	190	33.8	>60	5	0.9
			Missing data	10	1.8

Almost all of the teachers gave details of the length of their experience in special education, which averaged 5.6 years, though the modal value was only one year. Table 11.4 indicates the distribution of this special education experience. A notable feature is the relatively small number of teachers with more than 15 years experience in special education. A surprisingly high percentage (n = 203, 36.1%) of teachers indicated that they had had no teaching experience other than in special education. The mean number of years of reported regular school experience was 4.3, indicating that as a group the teachers had undertaken less regular than special school teaching. Only ten teachers (1.9%) had more than 20 years teaching experience outside of special schools or classes.

Table 11.4

Years of special education experience for 562 teachers

No. of years	No.	%	No. of years	No.	%
0	46	8.2	16-20	19	3.4
1- 5	289	51.4	21-25	2	0.4
6-10	142	25.3	26-30	2	0.4
11-15	58	10.3	Missing data	4	0.7

The great majority (93.0%) of the teachers claimed to have received formal teacher training recognized in their state, though 21 teachers (3.7%) had not. No information was provided by 3.3 percent for this question. Of the 529 who provided details of their initial teaching qualifications, 61.8 percent began with a two year qualification (or less). One might suspect that some teachers in answering the question have given their present qualifications rather than the initial level, but some of the 2.1 percent who claimed five years initial training may be accurately reported. Some 5.4 percent had four year training and 28.5 percent had three years.

One indicator of recency of academic study is the year in which a teacher's highest academic award was completed. For these teachers this ranged from 1939 to 1978. Table 11.5 gives the distribution. The highest teaching qualification was two years or less training for 40.0 percent of the teachers, and three years for 33.6 percent. Some 18.0 percent of those responding were four-year trained. Thus the major change in qualifications appears to be an increase in those with four-year training, from 5.4 percent to 18.0 percent, and for those with three years from 28.5 percent to 35 percent. There was a corresponding drop in those with only two years training from 62 percent to 40 percent.

Table 11.5

Year of completion of highest qualification

Period	No.	%	Period	No.	%
1936 - 1940	1	0.2	1966 - 1970	50	8.9
1941 - 1945	5	0.9	1971 - 1975	165	29.4
1946 - 1950	13	2.3	1976	70	12.5
1951 - 1955	18	3.2	1977	72	12.8
1956 - 1960	44	7.8	1978	38	6.8
1961 - 1965	36	6.4	Missing data	50	8.9

Colleges of Advanced Education provided the courses represented as the highest qualification for the majority (67.6%) of the teachers (with non-government colleges contributing 3.4 percent). University qualifications were noted by 12.8 percent and overseas training by 6.6 percent of the teachers as their highest qualification. Some 2.8 percent reported hospital training as the source of their highest qualification.

Almost two-thirds (64.1%) of the teachers reported having some specific teacher training in special education. Of these 360 teachers, 121, or 33.6 percent, received this training during preservice teacher education. For 34 teachers this was during two year basic training, for 52 teachers as part of three year basic training, for 12 during a graduate diploma following a first degree, and for ten while undertaking a four year undergraduate degree.

The extent of professional development activities organized by employers and attended by the group of teachers during 1978 is presented in Table 11.6 It is clear that the great majority of teachers undertook no such courses or only small amounts of inservice professional development, though a small group reported attending activities for more than 20 days in that year.

Table 11.6

Teacher attendance at employer organized teacher development activities in 1978

No. of days	Government		Non-government		All schools	
	No.	%	No.	%	No.	%
0	131	36.9	98	47.3	229	40.7
1 - 5	156	43.9	81	39.1	237	42.2
6 - 10	48	13.5	17	8.2	65	11.6
11 - 15	5	1.4	4	1.9	9	1.6
16 - 20	3	0.8	1	0.5	4	0.7
> 20	10	2.8	5	2.4	15	2.7
Missing data	2	0.6	1	0.5	3	0.5

Attendance at related activities organized by professional or community groups was similarly distributed to that for employer organized courses (Table 11.7), but with increased numbers of teachers attending for more than ten days.

Table 11.7

Attendance at other courses, conferences or seminars

No. of days	Government		Non-government		All schools	
	No.	%	No.	%	No.	%
0	165	46.5	81	39.1	246	43.8
1 - 5	126	35.5	74	35.7	200	35.6
6 - 10	31	8.7	29	14.0	60	10.7
11 - 15	5	1.4	9	4.3	14	2.5
16 - 20	7	2.0	4	1.9	11	2.0
> 20	18	5.1	9	4.3	27	4.8
Missing data	3	0.8	1	0.5	4	0.7

Information was also sought on the involvement of these teachers in inservice and further education programs for special education teaching. Twenty-eight teachers had completed or were currently enrolled in a one-semester full-time course (or part-time equivalent) leading to a certificate award (Table 11.8). Sixty-seven had completed or were enrolled in a two semester course either leading to a diploma, or the conversion of a certificate or diploma to a diploma or degree, or leading to a graduate award (Table 11.9). Most of these were completed courses. However, the pattern of involvement in Table 11.10 shows that, for study towards a bachelor's degree, the majority of teachers were currently enrolled, rather than having completed the degree. Also, the major avenue in this case was part-time study, whereas the two previous tables showed that 56 (10%) of the teachers had attended on release status as full-time students. Study for higher degrees was limited to 15 teachers, almost all currently enrolled as part-time students.

Table 11.8

Teacher involvement in inservice or further education: one semester

Status	Part-time	Full-time (with pay)	Full-time (other)
Completed	9	16	1
Current	2	-	-

Table 11.9

Teacher involvement in inservice or further education: two semesters

Status	Part-time	Full-time (with pay)	Full-time (other)
Completed	10	40	6
Current	11	-	-

Table 11.10

Teacher involvement in inservice or further education : bachelor's degree

Status	Part-time	Full-time (with pay)	Full-time (other)
Completed	14	4	3
Current	44	-	-

11.3 TEACHER EDUCATION PROGRAMS IN TERTIARY INSTITUTIONS

To gain information on the range of teacher education programs currently available in Australia a request was made to all universities and colleges of advanced education to supply handbooks outlining teacher education programs. A total of 55 institutions responded of which 53 offered teacher education programs. Using information available in the handbooks, a preliminary analysis of the offerings in special education was based on the following dichotomy: firstly, institutions offering initial teacher training where special education subjects are required in the core program, or special education subjects are available as electives; and secondly institutions where courses are offered to train teachers to work specifically in a special education setting.

In general, teacher training courses offer special education components more frequently when preparing primary teachers and early childhood education teachers. Courses to prepare post-primary teachers, in three year undergraduate programs or through one year post-graduate courses, rarely contain offerings in special education.

When special education components are offered in primary and early childhood courses, they are most frequently as electives, sometimes at second year but more frequently at third year level. Only in a small number of cases are special education components offered as part of core essential programs.

All states have institutions which prepare teachers specifically for work in a special education setting. In a small number of instances this is part of initial training. However, in most cases specialist training is conducted in in-service courses following initial training. As expected, the greatest number of these courses prepare teachers for work with children who have learning difficulty and are enrolled in regular schools or who are mildly intellectually handicapped and may be enrolled in regular or special settings.

These two areas are frequently described as the 'generalist' areas of special education, and quite a number of courses attempt to prepare teachers to work with a broad range of children in either regular or special settings.

Specific courses are mounted in most states to prepare teachers to work in the low incidence areas such as visual and hearing impairment, orthopaedic and neurological handicap , and moderate intellectual handicap. There appears to be no specific course, mentioned in handbooks, concerned with preparation of teachers to work with profoundly handicapped children.

In addition to pre-service and in-service courses a number of universities and colleges of advanced education offer special education subjects as part of academic study programs. These are frequently offered by colleges of advanced education in fourth year B.Ed. programs or by universities at masters or post-graduate diploma levels. There is a further need for post-graduate courses at universities to allow the upgrading of qualifications for personnel involved in tertiary teaching in the field.

11.4 SUMMARY

In many respects the teacher education data presented in this chapter corroborates the evidence presented in Chapter 9. Some 64 percent of the teachers claimed to have special education training which corresponds almost exactly with the mean data in this respect in Chapter 9. In addition, almost all teachers were involved in in-service courses of some kind - again a finding from Chapter 9. Only 15 teachers, however, were engaged in higher degree work, which is disappointing since it is important for this specialist area to develop more highly trained staff. One important difference from the results of Chapter 9 is that most of the teachers responding to this questionnaire were teacher trained (93%). This is a similar result to that implied overall in Table 9.23, but as nearly 1000 teachers failed to complete the questionnaire it may have been completed by the more qualified staff,with unqualified teachers being more reluctant to return the forms. The proportion of qualified teachers in non-government special schools is lower than that suggested above.

Finally, the wide variety and availability of special education courses in Australia is encouraging, but there is a real need for pre-service study of special education for all teachers, since over 15 percent of children need special educational help in one form or another in Australian schools. Further, many teachers in special schools have not undertaken specialized training for such teaching (see Table 9.23). It is also necessary to seek rationalization of course offerings to ensure that no training gaps remain (with appropriate co-operation across state boundaries where necessary), and to achieve national provision of training for work with children with low incidence handicaps, such as severe and profound handicap, multiple handicap, and those children who are deaf-blind.

Chapter 12

THE INTEGRATION ISSUE

12.1 INTRODUCTION

Ever since the beginnings of free and especially universal education, the question of the segregation or integration of the educationally disabled has been the subject of debate. In the mid-1850s, when education was available only to the few, the demand for schooling for the handicapped had no substance. But with the beginnings of compulsory education late in the nineteenth century, the exceptional child along with other children was presented for schooling. The result: the educationally disabled were discarded by education systems until special schooling based on educational segregation began to gain ground in the early 1900s, although in some cases provision was not forthcoming until much later.

During the 1960s separate special education had become well established for many groups of handicapped learners. Yet the question of integration or segregation was still alive, and was debated in many countries. Those who sought the integration of handicapped students into regular schools generally did so on the grounds of (1) opposition to social segregation and the resultant stigma, (2) social and emotional advantages to handicapped and non-handicapped learners in being educated together, and (3) the preparation this practice gave for adulthood and for vocational and social life. Also prominent were arguments based on the practicality of segregation, such as with travel, the economics of different forms of educational provision, and the efficacy of segregated educational programs for handicapped learners (Schonell, McLeod and Cochrane, 1962).

The same decade saw the greatest increase in segregated schooling for handicapped children known in the history of special education, but this increase in provision was accompanied in some countries by a growing disenchantment among many teachers, other professionals and parents, and a consequent increase in demand for integration of children with special needs.

This present demand for a greater degree of educational integration can also be seen as a sequential stage in the historical process of seeking full community status for the handicapped. The aim of this 'movement' has always been to enable them to enjoy true participation in the educational, employment and social life of the community.

It seems from the literature that recent demands for increased educational integration of children with special needs have been founded on five main points:

1. The evidence of little, if any, advantage of segregated special education programs over integrated provision in regular schools.
2. Parental and professional disenchantment with current psycho-educational diagnostic procedures, and the categorization and labelling to which these procedures are closely tied.
3. A reaction, again by parents and professionals, against the practice of educationally segregating many children, who, with little doubt, could be better catered for if integrated into the regular school program. These include many of the mildly mentally retarded and culturally disadvantaged.
4. Parental pressure toward integration of handicapped children into the general educational mainstream, wherever possible.
5. The rapidly-increasing costs of special school provision.

These demands have been more noticeable in the United States than elsewhere, where they have resulted in parental confrontation of special education through the courts of law. In the legal battles that have taken place since the mid-1960s the arguments against segregated special education placement have included among other things, the following points:

1. The tests used to determine educational placement do not accurately measure a child's ability.
2. The administration of the tests is frequently incompetent.
3. Parents do not have an opportunity to participate in the placement decision.
4. When children are placed in segregated programs the programs are inadequate.
5. The personal harm to children as a result of improper placement is irreparable.

Some Australian evidence on the integration-segregation issue is provided by the study of education for mildly intellectually handicapped (MIH) children in Queensland, New South Wales and Victoria (Watts, Elkins, Henry, Apelt, Atkinson and Cochrane, 1978). Four points emerged from the study which examined special school , special class and fully integrated placement with varying degrees of support.

First, the social and educational context of segregated placement appears to be different in Australia from the conditions which led to the legal wrangles of the past fifteen years in North America. The MIH are more representative of all socio-economic levels, rather than being children from economically disadvantaged families. Also, while the proportion of Aboriginal children in segregated placements for MIH children may be a little higher than expectation, the excess is not nearly so great as was true of blacks and other disadvantaged ethnic groups in the United States. It is also important to note that neither Aboriginal nor ethnic migrant groups in Australia have attacked special placement of their children in classes for the MIH, perhaps because they do not regard present practices as discriminatory or inappropriate. Rather they have sought special educational programs for their children, and found considerable responsiveness in Federal and State initiatives, especially since 1972. However, where Aboriginal and migrant children are members of MIH classes, it is important that their special needs are met in the segregated setting.

A second feature of the Watts et al (1978) study was the lack of truly comparative data on the effectiveness of different educational placements for MIH children. It was apparent to the investigators that no simple contrast could be validly drawn between segregation and integration so far as educational outcomes are concerned. Although differing provisions exist both within and between states, no adequately designed comparison studies have been carried out. The above study underlines the lack of empirical data for decision making among various options on the segregation-integration continuum.

The third point emphasized was that philosophical considerations have largely influenced recent trends toward increased integration in Australia, justified largely by reference to North American trends. It was pointed out, however, that while a philosophical base may be sufficient justification for adoption of an educational policy, it is true that "policies have no inevitable outcomes, ...may suffer in their translation into practice unless ...conditions which are essential prerequisites ... are met". (p354)

A fourth issue concerns the need for adequate research, much of which must be fine-grained analysis and not simple "horse-race" comparisons in which the multi-faceted goals of education are forced into a single winning post.

The classic 1968 article by Dunn in which he amplified his professional objections to segregated provision in special education set the stage for a major review of special educational practice. Increased integration of children with special needs into regular schools has become one of the most vigorously pursued topics in education today. What then of integration!

There has of course always been significant integration of children with learning difficulties in regular school classrooms. To a large degree, concern for children with learning difficulties is a recent phenomenon and any impetus for the establishment of segregated services has occurred when the tide is clearly moving in the opposite direction. Thus few segregated classes or schools have been established in Australia for learning disabled children. Many children with visual and auditory handicaps are integrated into regular schools, as too are some children who are mildly mentally retarded, and most children with learning disabilities. The education of handicapped children in regular classrooms with non-handicapped pupils, as long as they can profit from the experience, has been advocated in Australian schools.

One of the more prominent developments in special education in the last decade has been in the construction of instruments and techniques to measure an increasing number of skills and abilities held to be basic to educational growth. The literature currently abounds with reports of research studies which have used both psychometric and criterion-referenced tests in efforts to identify skills related to specific types of educational difficulties. The treatment of these difficulties has, in turn, been based on concerted efforts to improve the identified skills deficiencies, often using skill strengths as supports in the remedial program.

This development has been readily responded to by special educators. It has been seen as an answer to the contention that "global" measures of ability, and categorization of handicapped children into supposedly homogeneous groupings, do not assist teachers to understand the handicapped child in a manner needed for realistic educational procedures to follow.

Further, this differential diagnosis enabled prescriptive teaching of children with learning difficulties. It cannot be denied that the derivation of patterns of abilities and behaviours for such children is a significant development, and may provide the basis for major efforts at further integration of children with special needs into regular school programs.

If integration is to be the goal, how can it be achieved efficiently? In seeking a change to less educational segregation and more integration, Dunn (1968) has put forward a number of principles to be followed. Broadly these are:

1. That exceptional children should not be grouped homogeneously by their descriptive labels.
2. That diagnosis of the learning handicapped must be differential in nature.
3. That changes and/or improvements in regular education will still be required. For example,
   (a) organizational changes might involve such developments as open-area teaching, team teaching, flexible grouping within schools, and ungraded primary schools,
   (b) personnel expansion will demand more para-educational staff, such as psychologists, guidance officers, physical education teachers, remedial teachers, aides and technicians, and
   (c) a third change in regular education must be a rapid development of equipment sources and more skilled use of such.

Amplifying these ideas a little, Dunn also referred to other necessary developments to assist integration. Briefly these were:

1. Adoption of a clinical-prescriptive approach to teaching.
2. Development of itinerant and resource room teaching.
3. A general enrichment of educational and related experiences for children.
4. The collaboration by educators with other sections of the total ecology of the child. This would include for example concern with the residential circumstances of the child, effort to improve out-of-school activities and conditions, engaging in parent and public education

activities, and improving the cultural exposure of children, to give a stimulating and supportive total environment.

5. Improvements in psychomotor, sensory and perceptual training will be needed.
6. A review and updating of cognitive and language development programs, and speech and communication training is required.
7. Attention must be given to personality and attitude development, social interaction training, and vocational training.

While this introduction is not meant to provide a comprehensive review of the literature on integration, it does attempt to highlight some of the important theoretical and methodological issues in this area. We now turn to a brief overview of the evidence from our own data on the present position of integration in Australian schools.

12.2 INTEGRATION AND DATA FROM THE NATIONAL SURVEY OF SPECIAL EDUCATION.

State departments of education as well as the Schools Commission are generally agreed that, where possible, a policy of integration is to be pursued. This has been an international trend, even though it has been debated by many of those involved. The main sources of present day policy statements emanate on an international basis, from PL:94-142 in the United States and the Warnock Report in the United Kingdom. The notion that children should be educated "in the least restrictive environment" has a *prima facie* attraction, but can cause many practical problems at the service delivery level.

In this survey we have four main sources of evidence that integration is not only a policy, but also a policy which to some extent is being put into practice. These main sources are data from Chapter 7 (handicapped children in regular schools), Chapter 8 (children with learning difficulties and behaviour disorders in regular schools), Chapter 9 (children in special schools) and Chapter 11 (information from special school teachers).

First, there are (from Chapter 7) 1.96 percent of students in regular schools who are either officially diagnosed, or regarded by staff in schools, as being mildly or moderately to severely mentally handicapped, physically handicapped, or hearing or visually impaired. Hence nearly 2 percent of children in regular schools have such handicaps. Accompanying data also indicate that principals of these regular schools generally accept the principle of integration if appropriate teaching and other assistance are provided.

Secondly, over 10 percent of children in regular schools are considered to be in need of specialist help because of learning disabilities or because of behavioural problems. In spite of the unequal distribution of such children discussed in Chapter 8, this is a large proportion of the total school population. From the point of view of integrating other handicapped children into regular schools, however, there must be caution. Some schools report a very large proportion of learning disabled and behaviourally disabled children, and others none. This would indicate that a policy of integrating other handicapped children must take into account the characteristics of school populations. In other words, where a school is already dealing with large and difficult groups of children it might be unwise to integrate even more handicapped students into it without a considerable increase in support services.

Thirdly, in Chapter 9 (children in special schools), it is clear that many children who leave special schools move to a regular school (927 children, representing 21.8% of the sample). Thus, not only do we find a fairly large number of children in regular schools needing special help (over 10% of this survey) but also that about one fifth of those leaving special schools return to regular schools.

A fourth source of evidence on integration practices is the survey of some 562 teachers in special schools.

Fifty percent clearly supported the general principles of integration. Most support came from teachers of children with handicaps other than intellectual. This may indicate that teachers of the intellectually handicapped see more problems associated with the application of integration than do other teachers. Few teachers, however, gave their unqualified support to integration at a practical level. Some saw a need for major alterations in the education system before integration could be advanced. A high proportion (40%) of the sample did not respond to the question, so that direct opposition to the principle of integration was confined to about 10 percent. Major comments are given below.

1. *Integration should be partial and encouraged where possible.*

Most teachers indicated that integration should be at least partial and some extended this to potentially complete integration at some future date. Other teachers saw partial integration as the maximum possible.

2. *Adequate preparation must precede any attempt at integration.*

The areas requiring preparation were staffing, school facilities, back-up services and class size. One teacher suggested that the direction of integration be reversed, i.e. the opening of existing special schools to 'normal' students as these schools already had the above prerequisites for integration.

3. *Each child must be individually assessed to ascertain the most appropriate placement.*

4. *Adequate teacher training is required before integration can be seriously considered.*

Special teachers saw an essential need for pre- or in-service training for regular teachers to ensure sympathetic attitudes towards handicapped children and the development of special skills required to stimulate such children.

5. *It would be difficult or impossible to integrate children with particular handicaps.*

12.3 SUMMARY

Certain issues need to be studied further in order that the present steady movement toward integration in Australia is accompanied by the highest quality service possible and by the greatest benefit to all children.

These include:

(i) the attitudes of educators to integration

(ii) the possible rise of parent and advocacy groups which may draw inspiration from overseas developments such as PL:94-142

(iii) the influence of more widespread integration of the handicapped at pre-school level upon later school placement

(iv) the influence of early intervention programs for the handicapped on both child characteristics and parent attitudes

(v) the changing of public attitudes to handicap, including by means of the school curriculum

(vi) the development of further procedures for individualized learning

(vii) the training of all teachers in the educational implications of handicap.

As far as the policy of education departments is concerned there seems to be a move towards integration that is reflected by the figures presented in chapters 7, 8 and 9 of this survey, which have been very briefly reiterated in this overview. There are, however, two main points which we need to stress; one concerns the children in segregated special schools who are not integrated, and the other concerns the quality of education of those students who are integrated.

First, Australian special education has been based on special schooling. It is quite clear that education departments though supportive of integration do not have a policy of progressively closing down their special schools, nor do we think that such a move would be advisable. Where separate facilities do exist, however, they should be as 'normalizing' as possible. There should be more and more involvement of students with special needs outside of their educational environment and more involvement of regular students and other members of the general public in special education. In other words, a positive approach to the problems of segregation should be undertaken as a matter of course, such that the educational environment of handicapped students and others with special needs is the least restrictive that is possible.

Secondly, it has been brought to our attention on many occasions that a policy of integration may be one way to provide educational services and at the same time save education departments large sums of money. From the outset we wish to make it quite clear that it is the quality of education that matters most and that a policy of integration should seek to provide education that is first and foremost as good as if not better than that provided in a segregated setting. Indeed although the research team has been unable to determine costs and benefits, we suspect an integrated program will be at least as costly as a segregated one, based on numbers of specialist teachers and other assistance (including paramedical, psychological and welfare staff), building requirements and specialist facilities needed to provide a comprehensive education for children and adolescents with special needs.

Finally, while the policy of integration is being put into practice by education departments we see a very great need for monitoring schools with handicapped pupils. It is extremely important that the educational progress of handicapped children and the quality of life as well as academic achievement are documented. In addition, the effect of the presence of the handicapped in regular schools on the other pupils should be monitored. These are research questions which should be addressed as a matter of urgency.

Chapter 13

RIGHTS AND VALUES IN SPECIAL EDUCATION* **

13.1 INTRODUCTION

A major issue in special education in recent years has centred on the right of all disabled children to receive special education and related services. We have seen in previous chapters that there is in Australia today almost total agreement that all children should receive appropriate education (Chapters 1 and 3), including the severely and profoundly handicapped (Chapter 10).

This, and similar tenets were reiterated in the 1977 report of the Schools Commission's Special Education Advisory Group. In their report, the Group also developed an important and useful analysis of values in special education, and applied the analysis to the need for data and survey information in that field. The approach taken in their report has been employed later in this chapter to suggest some guidelines for the provision of special education services in Australia in the years ahead, after a review of the important question of the right to education has been undertaken.

13.2 THE RIGHT TO EDUCATION

The rights which society claims for its citizens can be explicitly stated in its laws and in government regulations; or they can be implicit in what are accepted to be normal social expectations of and behaviours towards other members of our society.

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* *Parts of this chapter are based on an address by Dr R.J. Andrews to a public meeting in Brisbane, April, 1975 which was sponsored by the Queensland Branch of the Australian Group for the Scientific Study of Mental Deficiency - "Citizens without rights - your handicapped child?"*

** *Parts of this chapter are based on Chpater 5 of the report of the Schools Commission Advisory Group on Special Education, and the authors wish to acknowledge the use of this material.*

For this reason it is generally agreed that the rights enjoyed by citizens in any community give us some idea of the value which that community places on each individual member. They are, therefore, a useful measure of a society's concern for each of its members, and we can judge the actions of a society and of governments by the manner in which they ensure and protect the rights of every citizen.

The idea of rights, then, is woven into legislation, rules and normal expectations of the way in which individuals should be treated. As such, they form one basis for developing patterns of social care and opportunity and for testing the social effectiveness and intentions of governments.

The rights of individuals have become an international concern. The United Nations, for example, promulgated the Universal Declaration of Human Rights some years ago. In 1968 the International League of Societies for the Mentally Handicapped adopted a statement of the general and special rights of the mentally retarded. The United Nations then adopted a similar statement in relation to the mentally handicapped in 1971.

It is interesting to note that the United Nations Declaration of the Rights of the Child not only sets out the rights of children but lays the duty on government to see that these rights are met. The Declaration says, inter alia, that the child must be given "the means requisite for its normal development, materially, morally and spiritually"...."the child that is hungry must be fed; the child that is sick must be nursed; the child that is physically or mentally handicapped must be helped; the maladjusted child must be re-educated; the orphan and the waif must be sheltered and succoured."

Article 2 clearly states that "everyone is entitled to all the rights and freedoms set forth in the Declaration without distinction of any kind." This means that the handicapped are entitled to expect that the same efforts will be made by a society to secure and ensure their rights as are made for any other member of that society. If this had been met in the past there should not have been a need for the special Declaration of Rights for the Mentally Handicapped that followed. This Declaration was considered necessary to ensure that the handicapped had the requisite help to bring them to fulfilment, to confirm their right to a decent standard of living, the right to participate in the life of a community and to be protected from exploitation. But this is still not the case for all the handicapped.

Article 16 says, "the family is the natural and fundamental group unit of society and is entitled to protection by society and the state". Thus we have child care legislation aimed at ensuring this right, to strengthen families and provide the financial and other support they need. The question arises however as to the extent such support has been provided to families with a handicapped member, to meet their special needs as a family unit.

Article 23 states the right to free choice of employment, to just and favourable conditions of work, and to protection against unemployment, with equal pay for equal work. While in this country voluntary groups with government support have developed a basic system of sheltered workshops and activity centres for those handicapped members of society who require sheltered employment or similar conditions, the availability of sheltered work for all handicapped adults who require it is far from a reality, and it seems doubtful if any significant effort has been directed toward the definition of just and favourable conditions of work for handicapped employees. One could also raise the question of equal pay for equal work by asking if any effort has yet been made to assess the value of work undertaken by the handicapped in institutions, and if a fair wage is paid for work done and used to the handicapped person's advantage.

Article 26 of the Universal Declaration sets out the right of all to education "directed to the full development of the human personality and to the strengthening of responsibility for human rights and fundamental needs." The fact is that such education for all handicapped persons is not yet a reality in this country, with many cases existing where the right of education is, apparently, not being met.

These and other Articles in the Universal Decalaration of the Rights of the Child are spelled out more clearly in the general and special rights of the mentally retarded adopted in 1968 by the International League of Societies for the Mentally Handicapped. They are of course also relevant to the handicapped generally, and are worth reviewing.

Article I

The mentally retarded person has the same basic rights as other citizens of the same country and same age.

Article II

The mentally retarded person has a right to proper medical care and physical restoration and to such education, training, habilitation and guidance as will enable him to develop his ability and potential to the fullest possible extent, no matter how severe his degree of disability. No mentally handicapped person should be deprived of such services by reason of the costs involved.

Article III

The mentally retarded person has a right to economic security and to a decent standard of living. He has a right to productive work or to other meaningful occupation.

Article IV

The mentally retarded person has a right to live with his own family or with foster parents; to participate in all aspects of community life, and to be provided with appropriate leisure time activities. If care in an institution becomes necessary, it should be in surroundings and under circumstances as close to normal living as possible.

Article V

The mentally retarded person has a right to a qualified guardian when this is required to protect his personal wellbeing and interest. No person rendering direct service to the mentally retarded should also serve as his guardian.

Article VI

The mentally retarded person has a right to protection from exploitation, abuse and degrading treatment. If accused, he has a right to a fair trial with full recognition being given to his degree of responsibility.

Article VII

Some mentally retarded persons may be unable, due to the severity of their handicap to exercise for themselves all of their rights in a meaningful way. For others, modification of some or all of these rights is appropriate. The procedure used for modification or denial of rights must contain proper legal safeguards against every form of abuse, must be based on an evaluation of the social capability of the mentally retarded person by qualified experts and must be subject to periodic reviews and to the right of appeal to higher authorities.

Above all - the mentally retarded person has the right to respect.

The question of the right to education of all handicapped children has not, as yet, been actively debated in all parts of this country, even though it is seen by many to be an issue. In 1971, however, the Senate Standing Committee on Health and Welfare report stated that:

> "...education is the right of every child, and that education should be free and compulsory. Those States which are not providing free education for particular sections of the handicapped population are in fact discriminating against the basic rights of a fairly large section of the community."

We might also note this statement from Goldberg and Lippman (1974):

> "Right to education, as an integral part of universal human rights, measures the qualities of human beings as members of the human race. It is attached to the human being wherever he appears, without regard to time, place, race, sex, parentage, abilities, or environment. Right to education is really the keystone of the dignity of man."

Dybwad (1973) called for authorities to cease practices depriving retarded children of their right to education, and states that it is the corner stone of all efforts to help the handicapped. The right to education is any handicapped child's most precious possession.

The Interim Committee of the Australian Schools Commission (1973) also took up this matter. Among other recommendations in what we know as the Karmel report, the Committee stated their belief that the "interests of handicapped children would be best served if responsibility for their education were placed in the hands of State Education Departments, instead of frequently being dispersed among various voluntary groups and other Government departments".

Government departments are included here because some education services in government residential institutions are in the hands of health and welfare agencies, but for many mentally handicapped children, and some juvenile offenders, education programs are still non-existent (Chapter 10).

But, in respect to the handicapped, the right of all children to education can be infringed in other ways such as when appropriate schooling is not provided for a particular group of handicapped children; when a child has to go on a school waiting list and lose valuable time, often years, before education is provided; when age limits are placed on entry to special services; when admission to programs is not allowed because of multiple handicaps; when we do not have pre-school programs for most handicapped children; or even when the excuse of lack of funds is given for not providing services.

The education of all children, especially those with handicapping conditions, must also be concerned with the total ecology of the child, in so far as children's living circumstances and environment significantly affect their responsiveness to education and effort. A full discussion on this point also occurred in Chapter 10.

13.3 VALUES

As stated earlier in this chapter, the Special Education Advisory Group subscribed to a number of values which were considered important to more effective provision. The present writers endorse those values. Below we have restated them as a set of guidelines for education authorities in reviewing special education provisions.

The Special Education Advisory Group identified seven values for special education to which it subscribed, and specified needs for more effective provisions for handicapped children which were derived from those values.

In summary the values encompassed:

1. Education for all.
2. Education appropriate to children's level of development.
3. Optimal educational settings for handicapped children.
4. Sharing the educative process with parents.

5. Sharing the educative process with other professionals.
6. Education for social participation, for work and for leisure.
7. Accountability.

1. *Education for all handicapped children*

Education should be available for all children. No discrepancy, whether it be in legislation, in provision, or due to characteristics of the child, his place of residence or any other factor should deny his right to an appropriate program. Programs must be suitably devised and implemented in a manner which strives for the utmost benefit to the child and is aimed at meeting his developmental and educational needs.

Commentary

A. The extent of educational provision for handicapped children.

Statutory provision throughout the states is affected by the provision specified in legislation and by its interpretation and implementation.

(a) Statutory provision may be via state and federal Education Acts, but some provision in the education of handicapped children may also come from health and welfare agencies.

(b) Interpretation and implementation of legislation should lead to the inclusion of all handicapped individuals or groups of handicapped children under statutory provisions.

(c) Statutory provisions should guarantee education for all handicapped children. Gaps in legislation should be identified and rectified.

Voluntary provision may be fully or partially government funded, or fully privately funded.

(a) The purpose, philosophy and practice of a voluntary organisation may limit its ability, or desire, to include certain groups of handicapped children or young people within its provisions.

(b) Should voluntary provision continue as an option for the education of handicapped children, approval for the establishment of schools and of the programs provided should be by state education authorities.

B. Lack of provision

Some handicapped individuals and groups are at present explicitly implicitly excluded from statutory or other provisions. These fall into a number of easily recognised categories including isolated, homebound, institutionalised, severely and profoundly handicapped children.

(a) No child should be explicity excluded from education by legislation; that is, as not being within the 'meaning of the Act'.

(b) Even when within the ambit of an Education Act, no child should be implicitly excluded; that is, due to the particular philosophy, or practice of the statutory body applying the Act.

(c) Those children who are not provided for by statutory services, or even by voluntary organizations, due to the fact that they are outside the charter of the organisation, or to the general philosophy and practice of the organisation, should in future be provided for by education authorities.

(d) Groups and individuals to receive education services should include:
(i) those in institutions/residential care
(ii) those isolated by distance from services
(iii) those isolated by differences, whether it be by type of handicap, degree of handicap or ethnic origin
(iv) those who are in long-term hospitalisation.

C. No child should be considered ineducable.

Programs and techniques are now available which promote skills and aid progress toward competence, independence, and social interaction at any level of development for any individual.

The key factors in the success of these programs appear to be program suitability, professional knowledge, attitudes of educators and early commencement.

2. *Education appropriate to each child's level of development*

Although the majority of handicapped children are enrolled in schools, and many of them in regular schools, the demands made upon them and the curricula to which they are submitted are often inappropriate to their capacity to benefit from the schooling provided.

Commentary

The essential components of an appropriate educational program are:

(a) Identification of children with handicapping conditions. Possible sources of identification are parents, school personnel, school support services, and other professional agencies.

(b) Functional assessment of the child's current developmental/educational status.

(c) The employment of appropriate curricula, materials and therapeutic and teaching strategies.

(d) The deployment of adequate support services to ensure an appropriate program is achieved.

(e) The acceptance of responsibility by the teacher for program implementation.

(f) Regular evaluation of program effectiveness, and program revision where necessary.

(g) All assessment and program details being open to parent scrutiny and discussion.

3. *Use of the optimal educational setting for each handicapped child*

There are benefits to all children from meeting, working and playing with a range of children in their communities. As a general principle neighbourhood schools should be equipped to provide appropriate education for all children.

Accordingly, the education of all children with their peers should be practised, except where it can be demonstrated that in the interests of the child he will better be served in a segregated educational setting. That is, maximum opportunity to participate in and be accepted by the general community is an essential feature of education.

Where special placement can be justified on these grounds, the degree of segregation should be minimal, and should be directed towards equipping the child for integration into regular education should this prove possible. This applies also to those children placed in special classes, whether part-time or full-time, in regular schools.

The above position, however, accepts that a small number of children will be unable to benefit sufficiently in integrated settings for reasons which include the degree and nature of the child's handicap, the curricula offered, the social structure and receptivity of the school, and the architectural characteristics of the school facilities. The importance of social contact between children at all levels of functioning is such that even where special placements are employed, every attempt should be made to promote maximum, useful association between handicapped children and the general school population, and the community generally.

Commentary

The success of maximum useful association between handicapped and non-handicapped children in regular school settings may be dependent upon three major factors:

(a) The teachers, their sensitivity and training.

(b) The support available to the teachers and schools, in terms of qualified personnel, parents, programs and materials

(c) The nature and flexibility of the environment in which the association takes place, especially administrative policies and procedures and the adaptability of the physical environment.

4. *Sharing the educative process with parents*

Children gain when parents and teachers share the process of education. A genuine sharing requires the development of an appropriate basis for communication.

There is an increasing recognition of the importance of the parents' contribution to the education and development of their handicapped children. It is accepted that parents are a child's first educators and that they assume continuous and long term responsibility for their progress. This contribution will be facilitated by openness, by teachers describing educational programs in comprehensible terms, and by a recognition of the right of parents to participate in the decision-making processes which involve their children's education.

Commentary

A. Parent support services

There is a need for various types of parent support services. They may be formal, for example comprising professional services such as those provided by social workers and therapists, or informal, such as home-school interaction. Their use by parents depends upon factors such as the age of the child, the degree of disability involved, or the particular stage of development of the parent-child relationship. The development and provision of resources and relevant instructional materials would be an additional useful means of parent support. There is a need for a general increase in and easier access to advisory and information services.

B. Parent development

So that parents might make the best possible contribution to the education of their own and other children, a number of procedures should be considered:

(a) parent training is particularly important for parents of handicapped children, for example in the use of handling and management procedures;

(b) parent support groups, or self-help groups of all kinds, provide parents of handicapped children with information and emotional support, and enable parents to gain from each other knowledge and skills which have been found to be useful by experience;

(c) participation of parents and teachers (and others) in joint in-service education;

(d) opportunity for parents and teachers to develop projects which are innovative and hold promise of achieving progress in the education of handicapped children.

C. Confusion and gaps in services offered to parents

Many parents have a multi-agency involvement in order to obtain the necessary range of services for their handicapped child. Confusion, incoordination, duplication and sometimes exclusion from services may be the results of multi-agency involvement. Rationalisation of these services should be actively pursued by the agencies involved. More appropriate and accessible support for migrant families of handicapped children is an area which requires urgent attention.

D. Major areas of parent involvement in the development/education of their child

There is a need to encourage the development of parents' advocacy skills to assist them in obtaining the right to services and appropriate education for their children.

5. *Sharing the educative process with other professional persons*

Children gain where parents, teachers and other professional groups share the process of development and education. The identification, development and education of children with special needs frequently involves co-operation with other professional persons in both the planning and implementation of education programs.

Commentary

The complexity of the problems exhibited by handicapped children, and the importance of their education to them, indicates the need for a co-operative and co-ordinated approach among teachers, parents and other disciplines which are essentially involved in identification, diagnosis and treatment.

While it is recognised that primary responsibility for treatment may vary according to the stage of development or the range of needs exhibited by a child, efforts to develop a multi-disciplinary approach should be given priority in treatment and education, especially if present gaps and inadequacies in services are to be eliminated.

Problems associated with co-operation across disciplines may inhere in lack of understanding of the nature and extent of the contribution which each discipline is able to make to the overall program. Joint or parallel education in the field of handicap both at the pre and post professional training levels should assist in finding an effective solution to this problem.

The need for inter-disciplinary co-operation is important at all stages of identification, assessment and treatment of most handicaps.

There is also a need to review the contribution of school health services with a view to increasing their contribution to special education. Since handicapped children frequently need the benefit of close and regular supervision and monitoring of health problems, children and teachers would benefit from the regular availability of an increased resource service in this area.

6. *Preparation for social participation, for work and for leisure*

The education process is life-long. School cannot be isolated from what a child experiences in the pre-school period; neither can it be separated from what he experiences in the post-school years.

In recognition of the importance of the post-school period to the total life adjustment of the handicapped, education must acknowledge the critical importance of preparation for social participation, for work, and for leisure, by the provision of programs which will prepare handicapped children for the maximum participation possible in these aspects of their future lives.

Commentary

Independence in living is a broad educational goal for all children with special needs. Education for social participation, work and leisure is an integral part of the education process for these children.

Educational programs should facilitate the development of good work attitudes and skills for participation in social and leisure pursuits.

Handicapped children need specific pre-vocational and vocational training. Where these children are being educated in regular schools,social education, independence training and work experience programs must be as equally available to them as to children in special schools or units.

The role of the schools in educating employers and the public in understanding the needs and the contributions of handicapped persons merits consideration. Emphasis should be given to:

(a) employers and the community accepting handicapped persons in the work force

(b) employers acknowledging the effectiveness of school programs in preparing handicapped children for their working lives.

As a worthwhile goal in general, and as a consequence of the current employment crisis, schools should seek to develop in handicapped children interest in and capacities for leisure pursuits activities.

7. *Accountability*

Accountability, at varying levels and of differing types, is necessary in the conceptualisation, organisation and implementation of education for handicapped children. Governments must be accountable to the community, through legislation and provisions, to ensure that all handicapped children have the right to education.

Administrators must recognize that they are accountable to those individuals and groups served by the programs they control. Pursuit of the principles of appropriate programming, maximum useful association, sharing the educative process, and associated concepts, will help to ensure this accountability.

Special interest groups, and broadly based community groups must account for their policies and provisions in so far as they serve the educational needs of handicapped children. They must be accountable to parents and the community for the support they receive, whether that support be philosophical, emotional or financial.

At a professional and personal level, teachers and other persons must be accountable for the quality and relevance of their programs in the development and education of the handicapped children for whom they are daily responsible.

Commentary

There is a need for accountability at all levels of involvement in the provision and implementation of services for handicapped children. However the concept of accountability has received scant attention in education in general, and special education in particular. There is a need to examine the concept and its implications, and to define operational criteria of accountability at all levels of provision.

In particular the following aspects need careful consideration:

(a) The comprehensiveness and quality of provisions made for handicapped children.
(b) Teacher effectiveness.
(c) The availability and efficiency of support services.

Evaluative data is needed in all aspects of special education. In view of the current emphasis on expanding the functions of the regular classroom to provide some or all services for a more diverse population of children, the preparation, professional capabilities, and expanded role of the regular classroom teacher require detailed review.

13.4 APPLICATION OF THE VALUES IN SPECIAL EDUCATION PROVISION

The above review of a number of values which should be expressed in special education provisions touches on many aspects which can help ensure high quality provisions. The principle of accountability, itself, suggests we should examine the values enunciated by the Special Education Advisory Group in the light of present Australian special education practice. This study can, of course, be regarded as a first step toward evaluating special education provisions. However, the accountability principle has application at a number of levels, and we must expect future practice in special education to be characterized by accountability expressed in, for example, self-evaluation and the monitoring of all aspects of service provision.

Much remains to be done in order to develop evaluation procedures which reflect the values which are central to special education. Wolfensberger's (1975) PASS evaluation procedure, in which is embodied the principle of normalization, would be a useful beginning. Even this procedure, however, has had limited application in Australia, and a marked expansion of the range and extent of evaluation activity directed toward services to Australia's handicapped persons is urgent.

13.5 SUMMARY

A chapter on rights and values in special education in Australia has a strangely unreal quality, since so few basic human rights are guaranteed in this nation's constitution, or in those of the states. Nevertheless, the issues are of paramount importance for the client groups, and they have implications for the provision of all services to handicapped persons; no less for special education. Rights and values, as portrayed in provisions, also reflect pervasive social attitudes. Because it is a human service, any review of special education in Australia would be incomplete without consideration of aspects that contribute so much to the nature and quality of the provisions made.

Chapter 14

NEEDS IN SPECIAL EDUCATION: EVIDENCE FROM TEACHERS

14.1 INTRODUCTION

Some 1500 teachers in special schools were asked to provide information by completing a questionnaire (Chapter 11), including giving their perceptions of major needs and priorities in special education. Table 14.1 indicates the number of teachers out of the 338 who responded to this question and made comments on a range of topics. Percentage responses are included in the table, but due to small numbers in some groups, must be used with caution. Table 14.2 gives an analysis of the needs and priorities stated by the teachers, grouped to include needs relating to the handicapped child, parents, the community, education authorities, and their own profession. A further analysis of this data is given in the tables of (statistical) Appendix A. The needs and priorities put forward are discussed below.

14.2 TEACHERS' COMMENTS CONCERNING THE HANDICAPPED CHILD

Early intervention: The education of the handicapped child should begin before he or she reaches the usual age of school commencement.

Teachers considered preschool education for handicapped children as essential. Most teachers emphasized this as a necessity for all handicapped children. Teachers varied in their opinion as to the most appropriate time for such education to begin, but many sought an involvement from the birth of the child. Many comments in this area were made in conjunction with needs relating to parents (see paragraph 14.1).

Individual as key: The individual child, and the nature of his or her particular needs, should dictate the type of school, class and program recommended as best for that child.

Teachers believed that too often what was best for the child's development and future was not recognized or provided because of parental views and/or departmental policies.

Survival skills: Emphasis in education should be given to the teaching of those skills which are necessary for the handicapped child to attain the degree of independence of which he or she is capable.

Table 14.1

Number of teachers who stated views on needs and priorities in special education: by state and type of school

Teachers of children with-		QLD		NSW		VIC		SA	
		Govt	Non-G	Govt	Non-G	Govt	Non-G	Govt	Non-G
Intellectual handicap	No. of questionnaires	91	35	27	35	55	63	34	9
	No. responding to 'needs' question	52	20	17	21	40	31	31	5
	%	57.1	57.1	63.0	60.0	72.7	49.2	91.2	55.6
Other handicaps	No. of questionnaires	21	8	14	20	32	26	6	
	No. responding to 'needs' question	16	4	6	11	16	14	3	
	%	76.2	50.0	42.9	55.0	50.0	53.8	50.0	

Teachers of children with-		WA		TAS	ACT		All States	
		Govt	Non-G	Govt	Govt	Govt	Govt	Non-G
Intellectual handicap	No. of questionnaires	9	8	14	8	1	239	150
	No. responding to 'needs' question	8	1	11	7	1	167	78
	%	88.9	12.5	78.6	87.5	100.0	69.9	52.0
Other handicaps	No. of questionnaires	23	3	16	3	1	116	57
	No. responding to 'needs' question	14	1	5	2	1	63	30
	%	60.9	33.3	31.3	66.7	100.0	54.3	52.6

Table 14.2

Number of teachers' comments on needs and priorities: all states

Areas of comment	Teachers of intellectually handicapped		Teachers of children with other handicaps		Rank order
	Govt (n = 239)	Non-G (n = 150)	Govt (n = 116)	Non-G (n = 57)	
The child					
Early intervention	20	5	4	3	2
Individual as key	16	7	3	1	4
Survival skills	27	8	1	-	1
Normalization	7	2	1	-	8
Self-worth	12	11	4	2	3
Behaviour modification	3	1	4	-	10
Vocational	13	3	4	-	7
Recreational	7	2	4	-	8
Post school training	15	5	4	1	5
Integration	12	3	9	1	5
The teacher					
Training	27	14	14	7	1
Pupil/teacher ratio	16	8	8	1	3
Staffing	14	4	5	6	6
Appropriate facilities	15	5	7	5	4
Professional support	26	9	13	3	2
Liaison	15	2	10	3	5
Availability of research	4	3	4	-	7
Parents					
Counselling/education	16	10	9	5	1
Involvement	7	2	1	-	2
Relief	3	2	1	4	2
Community					
Education	14	21	6	5	1
Involvement	10	13	3	2	2
Education Departments					
Curriculum	18	7	12	3	1
Finance	6	2	4	3	2
Other comments	25	17	14	12	-

* See text for discussion on each comment area.

Normalization: The handicapped child should be educated as a "normal" rather than as an exceptional child, and in a normalizing environment.

Teachers considered this essential if appropriate skills, habits and behaviour patterns were to be developed.

Self worth: The handicapped child should be educated in a manner that allows for the development of feelings of self-worth, dignity, an understanding of their own personality, and the attainment of a measure of independence.

Teachers believed handicapped children needed to form a mature working relationship with society. Some teachers felt that the ability of many handicapped children in this area previously had been underestimated.

Behaviour modification: Schools should be given the facilities, resources and trained staff to implement behaviour modification programs.

Teachers indicated a concern that the special attention needed by children with emotional disturbances was lacking in schools, and that they were not trained in behaviour modification practices to assist them.

Vocational preparation: Training facilities, work experience programs and education liaison officers should be made available to maximize the handicapped person's chances in the employment field.

A minority of teachers, however, on the contrary considered education resources were being wasted in this area as in the present economic climate the majority or at least many handicapped persons would be considered unemployable, and thus sought changes in curricula related to the use of leisure time.

Recreation: Emphasis should be given to the development of those skills required for the fruitful and enjoyable occupation of leisure time.

Post-school training: Where needed, the handicapped adolescent should be educated beyond the normal school leaving age.

Teachers indicated that since the pace of a handicapped child's learning was usually slow, the time they spent in education programs should be longer than that required by other children.

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Professional support	26	9	13	3	2
Liaison	15	2	10	3	5
Availability of research	4	3	4	-	7
Parents					
Counselling/education	16	10	9	5	1
Involvement	7	2	1	-	2
Relief	3	2	1	4	2
Community					
Education	14	21	6	5	1
Involvement	10	13	3	2	2
Education Departments					
Curriculum	18	7	12	3	1
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Recreation: Emphasis should be given to the development of those skills required for the fruitful and enjoyable occupation of leisure time.

Post-school training: Where needed, the handicapped adolescent should be educated beyond the normal school leaving age.

Teachers indicated that since the pace of a handicapped child's learning was usually slow, the time they spent in education programs should be longer than that required by other children.

Integration: The schooling of handicapped children should be integrated wholly or partially with that of other children, depending on the needs of the individual handicapped child.

Teachers comments in this area were varied, and a small minority were not in favour of such developments.

14.3 TEACHERS' COMMENTS CONCERNING THEIR PROFESSION

Teacher training: Adequate pre- and in-service training should be provided for teachers in the special education field.

Teachers comments on training were extensive and included the following major points:

(a) Many teachers saw it as desirable that all teachers undertake some special education courses during pre-service education. Some teachers felt that all teachers employed in special schools should have previous experience in regular school classes.

(b) Teachers expressed the need for continual and varied in-service courses, workshops and seminars in their field.

Teachers made further comment regarding the content and quality of training courses. These included suggestions that

(a) they be relevant and applicable to the present Australian educational scene,

(b) they be conducted by active teachers and not necessarily by academics,

(c) they be open to teachers who need such training, and not only to non-teaching school staff such as principals,

(d) they cover a multiplicity of handicaps,

(e) there is a need for specific courses in some states, these being for the teaching of -

  (i) the hearing impaired in Western Australia

  (ii) the profoundly handicapped in Tasmania

  (iii) children with all handicaps in South Australia,

(f) there be official recognition of Rudolf Steiner trained teachers in New South Wales.

Pupil/teacher ratio: The number of children being taught by one teacher should overall be reduced to eight or even six, with the opportunity being available for a one to one learning situation if required.

Staffing: The number of appropriately trained teachers should be increased, and teaching assistants/aides be more frequently available.

Appropriate facilities: Teachers should be provided with the necessary, correctly designed equipment, buildings and transport facilities to allow for the fullest development of the handicapped child's potential.

Some teachers suggested that because of the wide range of government and non-government bodies involved with the handicapped, many facilities were not being used to their fullest advantage, whilst at the same time there was a definite lack of facilities in other areas.

Multi-professional support: The services of appropriately qualified staff should be made available in schools to ensure a multi-professional approach to the education of the handicapped.

Teachers suggested these professions should include medical officers, therapists, home liaison officers, and teachers in physical education, drama, and music.

There should be more suitable communication between all personnel and facilities within the special education field, including liaison between special and mainstream teachers, support personnel, schools, administrative bodies, universities, colleges of advanced education and non-government educational organizations.

Availability of research: There should be easy access by teachers to new developments in the field of special education by way of publications, films and tapes.

Some teachers indicated that they had insufficient time available to them to search out research material and developments independently.

14.4 TEACHERS' COMMENTS CONCERNING PARENTS

Education /counselling: There should be appropriate education and advice given to the parents of handicapped children from the earliest possible time after such a child's birth.

Some teachers also suggested that parents had unrealistic expectations of their children's potential due in part to media reports of claimed successes in the education of the handicapped,overseas. Parents needed to understand the opportunities and limitations within special education programs in Australia at present, and better understand the potential for development of their child.

Involvement: Parents should be actively involved in the education of their handicapped child from birth and throughout his/her school years.

Teachers suggested this involvement could occur at both program planning and implementation levels.

Relief: Facilities such as holiday centres and crisis centres should be more readily available to families to give relief when needed from difficult handicapped children.

14.5 TEACHERS' COMMENTS CONCERNING THE COMMUNITY

Education: There is a need for greater understanding of the handicapped by the community.

Many teachers felt this to be an urgent priority, as all aspects of the education of the handicapped would be assisted by their being better accepted by the community at large.

Involvement: The community should become increasingly involved in the education of the handicapped.

Teachers indicated that a wide range of resources available within the community (including theatres, libraries, sporting facilities and clubs) could be better used to the benefit of handicapped children.

14.6 TEACHERS' COMMENTS CONCERNING GOVERNMENTS AND EDUCATION DEPARTMENTS

Finance: Increased finance should be made available to provide for improved curriculum and related services in the area of special education.

It should be noted that a small number of teachers believed education services should be made more accountable for the funding with which they were provided. Others suggested that there was, perhaps, too much money being made available to the minority of the population which the handicapped represented. These views however, need to be considered together with the large number of comments which implied additional public expenditure, involving most of the needs put forward by teachers in this chapter.

14.7 OTHER RECOMMENDATIONS

In addition to the above, teachers comments ranged over a number of other areas too numerous to list in detail. They included the following:

(a) the need to educate all handicapped children regardless of the severity of their handicap
(b) the need for help for the emotionally disturbed child
(c) a return to "old fashioned" teaching methods
(d) a lessening of the amount of remediation given to those children who are unlikely to benefit, and conversely helping children without functional academic skills who are placed in mainstream classes
(e) the need for less use of kits and less gadgetry
(f) the appointment of school inspectors trained in special education
(g) better provision for handicapped children living in rural areas
(h) the improved recording of each child's progress, with perhaps a central file containing all relevant medical, scholastic and social details
(i) the improvement of working conditions for Victorian staff employed under the Mental Health Act
(j) the need for research in the area of sexuality of handicapped people
(k) the need for total government responsibility in the area of special education
(l) the need for feedback to teachers regarding the results of this survey.

14.8 SUMMARY

As would be expected, the analysis of these areas of need varied from state to state, with the teachers' employers, and with the type of handicap teachers were concerned with. However, when all comment areas are considered, Table 14.3 represents, at a national level, the most frequently mentioned comments made by the responding teachers.

Table 14.3

Teachers' most frequent comments

Most frequent comments	No. of teachers commenting	% of teachers in survey (n = 562)	% responding to question (n = 338)
1. Teacher training	62	11.0	18.3
2. Professional support	52	9.3	15.3
3. Community education	46	8.2	13.6
4. Parent counselling	41	7.3	12.1
5. Curriculum development	39	6.9	11.5

It will be noted that of those teachers who expressed their views on the needs and priorities in special education, 18.3 percent emphasized the need for improved teacher training. Most believed the present availability of courses to be inadequate. When the responses referring to this need were further analysed it was the area of most frequent comment, or at least shared this position, with three groups of teachers: government teachers of the intellectually handicapped in the A.C.T., government teachers in Queensland, and non-government teachers of children with handicaps other than intellectual in New South Wales.

Fifteen percent of teachers responding to this question described a need for an improvement in the extent of support services available to them. The most common suggestion was an increase in the number of physiotherapists, speech therapists, and occupational therapists in schools. Teachers frequently expressed the need for these professions to work with them in the development of suitable individual programs for children. Victorian government teachers particularly endorsed the need for provision of professional support personnel.

The area of community education polled approximately 14 percent of teachers' comments. Non-government teachers in Queensland gave particular support to the necessity of improving community awareness with respect to the handicapped. Non-government teachers of the intellectually handicapped in New South Wales and Victoria generally shared this viewpoint also. A significant proportion of teacher comment from Victorian and Western Australian government schools for children with handicaps other than intellectual was directed at curriculum development.

Comments most commonly supplied by teachers at a national level were not necessarily given greatest emphasis by teachers within each state. For example, the importance of teaching survival skills was stressed by government teachers of the intellectually handicapped in Queensland, New South Wales and South Australia. This group of Queensland teachers also favoured an improvement in the pupil/teacher ratio now existing in schools. Seven of the eleven Tasmanian government teachers of the intellectually handicapped who gave comments supported the establishment of post-school training facilities for the handicapped, probably reflecting the successful development of at least one such program in that state.

It is obvious though that more teachers are concerned with the adequacy of the training available to them than with any other aspect of special education. The existence of both pre-and in-service teacher training programs in special education in a state did not diminish the amount of comment in this area. The need for improved and continuing education for the profession was seen to be paramount. This may be the result of a rapid change in teaching techniques in the past two decades, significant changes in the philosophy of special education provision adopted by education authorities, and the changing characteristics of students enrolled in special schools as a result of new approaches to provision. It is, of course, not necessary to advocate that handicapped children will not benefit fully if their teachers lag behind in professional knowledge, and are not exposed to modern techniques and developments in the teaching of handicapped pupils.

Teacher concern over the adequacy of special education training is of signal importance, especially since major initiatives have been taken since 1972 to improve this previously neglected facet of teacher education.

However, it is important to recognise that high quality pre-service and in-service education requires high levels of expertise in the persons teaching such courses (see Chapter 11). The rapid growth of special education courses in colleges and universities in the 1970s seems to have resulted in the appointment of many persons with less than ideal academic qualifications and experience in the field. An expansion of opportunities for post-graduate study, in a limited number of centres, might assist these tertiary teachers involved in pre-service and in-service training gain the needed expertise. It is difficult of course to prescribe palliatives for inadequacies in special education teacher education without a thorough examination of the whole field. This survey has only uncovered a symptom; teacher concern over their limited professional development. We recommend therefore that an evaluation of the pre- and in-service aspects of special education teacher education be undertaken, considering, *inter alia*,

a) the views of special education teachers on their past training and present in-service needs,
b) the practice of making available initial training in special education teaching without regular teaching experience and qualifications,
c) the implications of increased integration of handicapped children for teacher education,
d) gaps and duplication in available course offerings.

It is hoped that some of these issues may be addressed by the National Inquiry into Teacher Education.

In focussing on needs in teacher education, we would caution against losing sight of the several other important needs which were highlighted by the responding teachers: the need for increased professional support, the importance of parent counselling, the urgency of community education about handicaps and the neglect of curriculum development in the area of special education.

Chapter 15

NEEDS IN SPECIAL EDUCATION : EVIDENCE FROM SUBMISSIONS

15.1 INTRODUCTION

A call for information and submissions to the survey was made through the national newspaper "The Australian" in the following form:

> The Schools Commission has requested the Schonell Educational Research Centre, Department of Education, University of Queensland to conduct a survey of special education in all states and territories of Australia. It is anticipated that the Survey will assist in providing a national perspective on special education provisions, needs and priorities, including those for children in regular schools.
>
> Members of the public and interested organizations are invited to forward submissions and any data and information which they consider relevant to a national survey of special education. Information will be welcomed about handicapped children whose needs are not presently being met, including isolated, homebound and profoundly handicapped children. Evidence is also sought on the adequacy of existing educational services and of support services to parents and teachers.
>
> The view of handicapped persons, parents of handicapped children or of children experiencing learning difficulties and of teachers and others who work with the handicapped are especially sought.
>
> Submissions or personal communications should be made as soon as possible and no later than 30 September, 1978.

The newspaper advertisement did not prove as successful as might have been hoped in bringing responses, and we found that relatively few interested persons learned of the survey through this medium. In addition to the newspaper advertisement, the call for information and submissions was distributed throughout the network of special education associations in all states and through the newsletters of a number of parent groups and teacher organizations.

A total of 115 submissions or information statements was made to the survey from a range of individuals and groups throughout the community. An analysis of the sources of submissions is found in Table 15.1.

Table 15.1

Sources of submissions and information to the National Survey

Parents	36
Parent Groups	7
Professionals	44
Professional Groups	5
Interest Groups	23
Total	115

15.2 PARENTS

Over two-thirds of the 36 parents who provided submissions lived in Queensland; the remainder came from New South Wales, Victoria and South Australia.

Ten parents lived in isolated areas and stressed the great difficulties experienced in obtaining appropriate educational services. This general difficulty was further exacerbated when children were handicapped or found to have special education needs. This was particularly so if specialist services were required. The problems of communication and co-ordination of appointments were seen as additional difficulties found by isolated parents.

A consistently occurring theme expressed by parents was the need for therapy services to children with special needs. This was especially expressed by parents of children enrolled in special schools. Speech therapy, occupational therapy and physiotherapy were frequently mentioned as not available in schools or available at an insufficient level. The call for special therapy services was particularly consistent throughout the parent submissions.

Parents of children enrolled in regular schools stressed the need for increased availability of specialist teachers to meet the learning difficulties of their children as early as possible and for teacher training programs to include studies of exceptional children and children with learning difficulty. Concern was expressed frequently by parents about obtaining support for their children with learning difficulties when they reached secondary school age. Parents of handicapped children mentioned difficulties experienced in obtaining information from the medical profession about their children's handicaps. Gaining access to information about available services was seen as a common problem.

At school age, parents frequently noted the need for school teachers and administrators to be accessible and ready to provide information in an honest and understandable manner. A number mentioned the need for programs to educate parents so that they might contribute more ably to the progress of their child.

A number of parents commented on the size of classes in special schools, stating that these appeared to be too large especially where younger children were concerned, limiting the opportunities for the teacher to spend time with children individually.

The general tone of responses from parents indicated willingness to be involved in the development and education of their children. They frequently highlighted one or more major inadequacies in the services available or general gaps in provision. A consistent theme, whether expressed or inferred, was the need for continued support, a sense of sharing with others involved, and readily-available information and communication.

In order to give a more detailed account of the parent submissions, summaries have been presented below anomymously, grouped according to themes represented.

Parent A stressed the early recognition of handicap, in particular referring to Down's syndrome and the need for suitable education. He claimed early recognition and suitable education will in many cases offer the possibility of normal educational placement, particularly for Down's syndrome children. His wife applauded educational intervention at the earliest age possible. They gave the example of their experience with their Down's syndrome son who received intervention from the age of one month. At the age of 18 months he was developing parallel to a normal child. His wife also supported counselling associated with early intervention.

Parent B gave the history of her hydrocephalic son. She made a plea for early intervention in the case of identified handicapped children and felt that while her child has had excellent treatment, it was very late in starting. She urged greater co-ordination between professionals and between service delivery agencies. Mr. A. supported the submission of Parent B. He particularly pointed out the strain in travelling for Parent B and her son in getting the program which is available from a special education unit.

Parent C told of their son who suffered from a rare genetic syndrome. They indicated that he was three and half years old before they were made aware that educational facilities were available for him and they feel that lack of communication has been a problem. While he is presently attending a play group, they are concerned that in the future he will need to attend a special school, and that there is none suitable in their area, and a long taxi journey will be required.

Parent D suggested integration of all physically handicapped children with normal children on a regular basis and also that the government accept total responsibility for special education. She gave, as an example, the fact that the special school that her child attends would not operate efficiently without parents and volunteer groups raising thousands of dollars each year. She expressed concern that the process of labelling of handicapped persons by society generally also occurs in special schools where academic groups are separated from activity groups, and suggested that these could be drawn together for some subjects and activities. She also pointed out the need for speech therapists, and gave as an example the fact that she presently pays ten dollars a week for a half hour session for her child privately. She recommended that the school leaving age should be raised to allow handicapped children to attend school past the recognised leaving age. Parent D also suggested work experience, and that a panel of specialists should decide on the child's future. These specialists should be the people who know the child; in many cases panels who assess children produce reports about the children and have not actually seen the child before the day of the panel. Further, full time teachers should be employed for the regular assessment of each child and to advise class teachers as to the special learning needs of individual children.

Parent E's submission particularly concerned spina bifida children attending normal schools. She mentioned the need for principals and teachers in regular schools to understand the problems of spina bifida children, particularly the characteristics of the disorder. Parent E advocated normal procedures with handicapped children as much as possible. She also advocated exchange between parents of handicapped children so that they may gain experience in different environments.

Parent F, as the parent of a learning disabled child, expressed concern about the process of streaming students so that children with learning problems and children with general difficulty in learning are streamed together in the one class, which then has a reputation of being the worst in the school. She suggested that one remedial teacher cannot cope with the numbers of children who are referred from classes in the stream situation. Parent F advocated in the matter of course selection, that if students are encouraged to drop difficult subjects, the alternatives should have more obvious direction and carry through. She felt that the group of students with learning difficulties are not being effectively educated in our present secondary school system, especially when success is measured entirely by points and TE scores.

Parent G, the mother of a 10 year old child with spina bifida who attends the local regular school, was concerned that his learning disability needs were not being met adequately at the local school. Her son had been assessed at the special education unit nearby, but she felt that the teachers at the school do not have the necessary expertise to cope with his particular problems. She urged the lowering of pupil/teacher ratios in regular schools so that the teachers may devote time to the needs of exceptional children in their classes, and for employment on a genuine needs basis of greater numbers of specialist teachers.

Parent H wrote with concern for students with specific learning difficulties who are enrolled in regular primary schools and find regular school curricula difficult. She considered that teachers teach very regularly to the top of the class instead of spending time with some of the children who require individual assistance. Parent H pleaded for teacher training to include a knowledge of, and practice in working with, a broad range of children, and advocated the need for information to move between teachers from year to year. She also supported the notion of the use of non-academic subjects as areas to develop and extend the SLD student. Finally, she pointed out the need for student-teacher communication, and stated that the SLD student needs not only to communicate more than average with his/her teacher, but also to feel able to.

Mrs. B supported the submission by Parent H and urged the need for regular school teachers to be aware of learning difficulties, and the need for components in their training to allow them to have some facility in teaching children with learning difficulties. She pointed out the need for medical personnel to have a broad knowledge of the availability of facilities in the special education area so that they might assist in passing this knowledge on to parents. Mrs. B further pointed out the problem of obtaining services for a child who does not fit any particular diagnosed and well known handicap, and that this problem brought hardship to the parents in comparison to others where children are clearly diagnosed and many services are available because of this.

Parent I gave the history of her daughter who has displayed learning disability throughout her school life and is now enrolled in secondary school. She particularly reported her primary school experience when she and her husband attended each parent interview and were, in her words, without exception, told that the daughter was an average child and there was no need to worry. Parent I pleaded for teachers in regular classrooms to gain a knowledge of the learning disabled child. As a former teacher herself she appreciated the difficulty involved, but was adamant that some knowledge in this area would help the sensitivity of regular classroom teachers towards the problem.

Parent J cited isolation as a form of handicap and gave examples of her own experience in educating children by correspondence in Bourketown, some 210 miles northwest of Mt. Isa. She recalled the difficulties of a home supervisor whose ability to supervise the child's work was frequently negated by many other calls on her time, providing much less than optimum conditions. She suggested the use of an itinerant teacher is a necessity, and that the school of the air work should be co-ordinated with the work of the correspondence school. Furthermore, she was concerned that boarding facilities are grossly inadequate, especially for girls, and believed that boarding schools are not fulfilling their true purposes, particularly outside school hours, when country children receive no extra consideration or counselling which would be available to them were they living at home.

Parent K presented a case history of her family's particular problems in educating isolated children with learning difficulties. She pointed out the lack of availability of special services and of pre-school services, problems of travelling to obtain specialist help, and the difficulties of boarding children to obtain specialist help.

Parent L provided a case study of her son who is a learning disabled child living in a remote area, and suggested that there is room in our school system for schools midway between normal schools and opportunity schools for learning disabled children.

Parent M, as the mother of a 13 year old child who is mentally retarded, particularly wished to highlight the problems of educating a mentally retarded child in a country area, having received initial instructions from a voluntary agency. The child was not reassessed or followed up for many years. When her child was 10 years of age Parent M was able to obtain material from the primary correspondence shcool, and she taught her child by this means for some time. Following the realization that her son's contact was almost entirely with herself and her husband, the decision was made to send the child away to a special school run by a voluntary agency, and whilst they were very happy with many aspects of the school, they were disappointed with the standard of skills in writing and reading which are acceptable at the school. Parent M wished to make a plea for stress on formal educational skills at all levels in special schools. She felt that education for all children ought to be the responsibility of the education department, and suggested the notion of correspondence lessons in the early life of children who are handicapped and live in the country. She further raised the position of speech therapy provision in country areas and proposed a system of using teachers who are trained in speech to assist speech therapy programs under the control of a speech therapist.

Parent N cited the case history of her daughter, an eleven year old child who had encephalitis resulting from a bout of mumps, and outlined the problems of providing for an isolated child in S.A. who has learning disability. She praised the efforts and services provided by the Childley Centre in Perth in W.A. which she was able to visit recently. She considered S.A. to be lagging behind the other states in the provision for isolated children who have learning problems.

Parent O spoke from the point of view of a parent of children who had undergone and are undergoing lessons from the correspondence school. She pleaded for boarding schools west of Toowoomba, closer to the areas from which children who need to attend them are drawn. She also pointed out the multitudinous duties for mothers who act as supervisors for children on correspondence lessons, and pleaded for the inclusion of motherhood and parenthood classes in general education programs.

Parent P cited her involvement with correspondence teaching since 1945 and has for the last 16 years been involved with teaching one or more of her children. She was disappointed by the lack of individual approaches in correspondence plan work. This is particularly important when one of the children has disability or shows developmental delay in any of the areas of school attainment. She felt that one of the problems lies in the fact that no one single person is really responsible for the teaching of a child on a correspondence program. The supervisor is not the teacher and yet the teacher is not in a position to be totally responsible. She discussed the problems of a mother being supervisor of correspondence lessons. Parent P particularly cited the difficulty of correspondence school teachers who never having seen the children attempt to provide programs for them, and again stated that this was even more difficult when one of the children has some disability.

Parent Q advocated the visiting by the correspondence teachers to children in isolated areas who were doing correspondence work.

Parent R, the mother of a handicapped child who has epilepsy, and on school entry was assessed as being retarded, on coming to the country enrolled the child in correspondence pre-school lessons. She wished for a subsidy to pay a qualified suitable person of experience to teach her son correspondence lessons at home.

Parent S cited the case of her 19 year old son who has been assessed on a number of occasions as being multiply handicapped and has not yet been fortunate enough to have found placement in a suitable program. She was concerned that children such as these should be expected to sit at home when other handicapped people are provided with training and education.

Parent T cited the case history of her daughter aged 13 years who is retarded. She listed some ideas which she would like to see put into operation:

1. Parents in infant school classrooms helping the teacher and also learning how to teach their child at home.
2. In the first year of primary school, parents sitting in classes to view what is happening and assisting the teacher; later on participating more in the classroom so that the child is receiving a one to one teaching ratio. She stressed the need for the involvement of parents with all children but particularly with those who find difficulty. She pointed out the need for appropriate communication and record keeping in children's progress, and also a technique for teaching writing which she has found successful.

Parent U sought help for their child and gave a case history. No recommendations were made for the purpose of the survey.

Parent V wrote to support the teaching methods of the person who is teaching her daughter.

Parent W expressed concern about the provision of speech therapy in her particular area. In fact, in all country areas of Victoria. Robinvale in the north west of Victoria has only one speech therapy service, that is in Mildura at the base hospital. Parent W quoted figures, taken by people within her area, of the numbers of children claimed to be in need of speech therapy services in Robinvale and surrounding areas.

Parent X proposed that handicapped children have a basic right to be educated locally wherever this is possible, and suggested that the N.S.W. Education Department, Special Education Division, should diversify and decentralize services. Further, she submitted that there was a lack of co-ordination in services which exist, particularly liaison between medical, educational and welfare services.

Parent Y expressed concern about proposed changes to the program of school holidays in Queensland, preferring holiday sessions of 2 to 3 weeks rather than 8 day holiday breaks which do not allow children to return home. She said this applied equally to handicapped and non-handicapped children.

Miss C was concerned at the amount of time required for children at an eighth grade level to complete assignments from the secondary correspondence school. Miss D wrote in support of Miss C.

Mrs. E wrote along the lines of her daughter, the previous writer, and urged individualization of programs to meet the particular learning rates and individual needs of children on secondary correspondence programs.

15.3 PARENT GROUPS

Seven parent groups submitted information to the survey; four were from Queensland, two from Victoria, one from New South Wales.

Four groups were drawn from parents of children attending special schools. An overall group representing parents of children attending special schools were concerned in particular about continuing education for children attending special schools. They claimed that there was pressure for children to leave school at a time when their non-handicapped peers were continuing to an age when they completed all available secondary schooling, and that this situation was complicated at present and in the foreseeable future by the economic and employment climate. This situation was also echoed in general discussion we had in many areas of Australia.

One mothers' club associated with a special school reiterated the concern for older children enrolled in special schools and also pleaded for greater emphasis in teacher training for special school teachers to be placed on the development of children's basic skills and practical employment skills.

The parents of children attending a school for physically handicapped children stressed the need to allow physically handicapped children the opportunity of enrolling in regular schools where appropriate. They provided suggestions on the need to modify selected schools in regions to provide access and back-up services in terms of toilet facilities, transport, and visiting therapists.

The parents of children enrolled in a hearing impaired unit detailed many suggestions which would allow parents to become involved with their hearing impaired child without the present financial, employment and family stresses which are commonly encountered. Suggestions included guidelines for employers to allow parents to accompany and seek assessment and treatment for their children without continuous penalty in terms of loss of wages; assistance in relocating families who are required to move to seek suitable services for their handicapped child; increased therapy services to schools, particularly speech therapy, which should be seen as an integral need and not a support service. A series of suggestions was also made which drew attention to the need to upgrade support to hearing impaired children enrolled in regular schools as well as suggestions concerned to educate about and create awareness of hearing impairment for teachers who work in regular schools.

A state Council of Parents and Citizens Associations representing a large number of parents stressed the need for additional speech therapists, based on the results of a survey the Council had conducted. They further reinforced the notion that all teachers need training in the theory and practice of dealing with students who have learning difficulties.

Two groups of parents of isolated children provided submissions. They suggested that handicapped children in isolated areas have less chance of their problems being detected. They suggested that a high proportion were not detected.

A number of specific suggestions were made which included the establishment of mobile diagnostic units staffed by teachers and health officers; the provision of accommodation for parents and families when diagnostic facilities are available; the continued development of instructional programs for children with special needs who are isolated; the clustering of country schools so that they may be served by a resource teacher.

15.4 PROFESSIONALS

A total of 44 individuals who work professionally in the field of special education and closely-allied areas made submissions. Some of these came from principals, teachers or school staffs working in special education settings. A number described schools programs and made a plea for additional staff to better meet the needs of those children enrolled. The quality and effectiveness of teacher training for special education courses was a recurrent theme. It was reiterated on a number of occasions that training should preferably be more specific to the task, particularly to teaching and learning, providing more precise means of determining needs, setting goals, and analysing steps in learning to reach the goals. Evaluation of student progress is also a neglected aspect.

A number of needs and gaps in services were outlined. Some recurrent themes included the provision of early intervention programs, provision for severely and profoundly handicapped children not presently being served, and the need for adequate, stable funding to allow action on expressed needs.

One submission took up the integration theme with regard to the quality of programs for children who are being mainstreamed in regular schools. It was proposed that research should be conducted into the use of *teacher load* instead of *class size* when considering the ability of teachers to program for children with special needs in regular schools.

A number of special school principals took up the need for research in the special education area and pointed out specific areas where little research has occurred internationally or in Australia. Areas mentioned were the education of spina bifida children, communication systems for children with expressive language difficulty and the education of severely and profoundly handicapped children.

Several tertiary teachers in their submissions stressed the need for high quality training courses in special education. The need for interprofessional skills was mentioned, as was the need for exploration of a number of education styles beyond the bounds of the traditional 'school'. The need for continued funding for tertiary institutions to mount special education programs so that courses may continue to be available in all states of the country was also mentioned. This was in one instance linked with the need to establish research and clinical units as integral components of the teaching program in tertiary colleges and universities.

A number of professionals from disciplines related to special education also contributed information and suggestions. A medical practitioner wrote and expressed concern over the increased use of a range of perceptual motor training or sensory motor training techniques being used with handicapped children at present. Concern was expressed that the validity of some of these was not known and that intensive regimes were being inaugurated without appropriate supervision or guidance to achieve goals which may be unrelated to the regime.

One professional wrote particularly to plead for the instigation of developmental and educational programs for institutionalised handicapped children who are presently receiving no appropriate care. A number of individual speech therapists, occupational therapists and physiotherapists wrote proposing the valid contribution and essential involvement of therapists in the educational process and frequently describing the operation of programs presently provided. These points will be taken up in the analysis of submissions from professional groups. A psychologist pointed out a perceived need in the lack of provision of appropriate programs for aphasic and severely dysphasic children within the school system.

A number of school psychologists and counsellors in training provided information on a wide range of topics. A recurrent theme was for appropriate education at secondary level for children with special needs. The need for greater liaison and team approaches between all disciplines involved was frequently mentioned. The need for some training for this team approach was mentioned, as was the possibility of commonality of programs during training, across a number of disciplines.

A number of submissions were received from teachers and principals in regular schools. Some of these described the successes and problems involved in their personal experiences in integrating handicapped children. Others pleaded for the provision of services not presently available. Others propounded particular theories and techniques which had been found to be successful. Two frequent themes were for the provision of assistance with speech problems and for training and education of administrators in regular schools so that programs are given the best opportunity to succeed through the assistance of informed and empathetic administrators.

A number of submissions were received from school counsellors in training in New South Wales. These were particularly concerned with New South Wales and ranged across provisions for emotionally disturbed children, the integration issue, assessment techniques, work experience programs, and the role of the school counsellor.

15.5 PROFESSIONAL GROUPS

Five professional groups responded to the call for submissions. A remedial teachers' association provided information on the demands which have led to the development of a resource role for special education personnel working in regular school settings. The shift from services for children of average ability who required assistance in the basic skills area (mainly reading) to support for a wider range of children with special needs, and their teachers has been brought about by the evolution of many factors in the community and professional educational area. A significant factor in the evolution has been the maintenance in the mainstream of children with milder sensory, intellectual and physical handicaps. The remedial teachers' association was concerned that the traditional target of their services may be disadvantaged by the broader roles and they were uncertain as to whether or not general classroom teachers have the expertise to fully program for the child requiring intensive remedial programs.

Two groups of occupational therapists provided wide-ranging opinions and information on the role of occupational therapists in the education of children with special needs, and an occupational therapy association gave views and reactions to the terms of reference laid down for the Schools Commission Advisory Group in special education which formed a frame of reference for the survey.

Recommendations drawn from the submissions included:

(a) increased staff in counselling and guidance services in education departments to include greater numbers of paramedical personnel so that multi-disciplinary approaches may be more appropriately undertaken

(b) radical alteration in the types of buildings designed for special and regular schools to allow maximum access to the widest range of children

(c) alterations in teacher training at both undergraduate and inservice levels to provide greater knowledge of programming for handicapped children

(d) lowering of the staff/pupil ratio on a progressive scale until all children's educational needs are being adequately met

(e) creation of positions in education departments for occupational therapists to be employed in both regular and special school.

Two groups of physiotherapists provided information to the survey. It was clearly pointed out that in the wide range of children enrolled in both regular and special schools there were numbers of children who have sensory, motor and physical problems who may profit from physiotherapy services. A number of specific areas of concern were expressed and these included:

(a) the child whose physical needs are not being met is not able to make the most of his educational opportunities

(b) incoordination, posture and motor problems associated with learning difficulty are not being recognized early enough and existing procedures are consequently unable to inhibit the compounding of problems for the child, family and teacher. This is particularly so at secondary school level where few services exist

(c) the number of physiotherapists servicing special schools is inadequate

(d) where services are available, children and families are frequently obliged to travel long, tiring and costly distances to use them

(e) when physiotherapists are not appointed to provide specific skills, then others who see the need, but are inadequately trained, will try to cover the treatment. This is happening,

> and increasing. Diagnosis and treatment in these instances is often inadequate and ineffective and the resulting expenses incurred by the family are not justified. This situation is further complicated by the fact that parents at present frequently do not know how to find appropriate help.

One association suggested that physiotherapists specialized in paediatric work be appointed to provide direct services to children in schools, advisory services to teachers and other support personnel, and in-service programs to teachers to increase their awareness of sensory motor problems and their effect. It was also suggested that information on present physiotherapy services be made available to teachers and parents, and that present services be extended to cover the numbers of children requiring help. It was suggested that physiotherapy services should be made available on a regional basis.

15.6 INTEREST GROUPS

Representatives of 23 interest groups provided information to the survey. This ranged across many areas, including organizations concerned with 1) children with learning difficulties, 2) children with intellectual handicap, 3) children with hearing impairment, 4) children with cerebral palsy and other physical handicaps, 5) severely and profoundly handicapped children, 6) children with speech disorders, 7) children in institutions, 8) children with Down's Syndrome, 9) children who are diagnosed as autistic, and 10) isolated children and those enrolled in correspondence lessons.

1. *Children with learning difficulties*

Submissions were received from groups in a number of states. All were very wide-ranging and thorough. It is impossible to cover the complete range of the discussions contained in some of these very comprehensive submissions. What follows is an attempt to isolate a limited number of the recurring themes and topics raised in the submissions. The summary in no way does justice to the breadth and quality of some of the papers.

Identification of learning difficulties: Identification and assessment procedures are seen to be well below the requirements in all states. Even when assessment is readily available, there is no guarantee that an appropriate program will ensue.

Provision: Associations advocating for the learning disabled child support the current move towards a lesser use of labelling and educational provision in the least restricted environment. In general they see that children with learning problems should be educated with their peers and not separated into special classes or special schools.

Sharing the education process with parents: All submissions supported the view that it was the right of parents to know more about their child, to be as involved as possible in their child's education and to seek maximum information on how a parent can assist generally. Support for schemes of the 'Named Person' type described in the Warnock Report were frequent.

Teacher training: Submissions strongly supported the need for quality provision for the training of specialist teachers in the area of learning disability. Further, the need for all teacher training to contain core components on recognition of children with special needs was strongly espoused.

The secondary school child: Many submissions stressed that with increasing awareness and some provision for learning disabled children in primary schools, there was an increasing gulf when secondary education was encountered. Even in states where some progress was seen to be occurring in the primary area, there was still little or no recognition or provision in secondary schools. This point was frequently linked with the need for studies to contain a broad base and to include preparation for social participation, work and leisure.

Legislation: A number of submissions stressed the need to review Australian legislation on education to ensure that children who had special education needs were adequately covered by appropriate safeguards in terms of access to programs when and where needed.

2. *Children with intellectual handicap*

Two submissions were received from organizations dealing with intellectually handicapped children. Both related closely to conditions in their particular state of origin; however, there were a number of points made which are known to be pertinent on a national scene.

(a) Both organizations support the concept of education for all children and point out that this is still not being met. There are numbers of children who are being excluded from both state and non-state facilities.

(b) Numbers of children are being forced to travel excessive distances to receive educational programs. The associations point out that, within reason, programs should be devised to fit children locally, not children transported to fit a distant program.

(c) The need for early intervention and identification was stressed by both organizations. It was pointed out that in many instances this was still not occurring until children were of school age.

(d) Education of intellectually handicapped children should be preparation for life and should be broadly based and appropriate to needs, not a truncation of regular school programs.

(e) Both associations stressed the need for continued specialist teacher training. Many teachers working with moderately and severely handicapped pupils still did not have specialist training.

(f) Both groups strongly stressed the need for parent involvement and sharing of the educative process at all levels of identification, assessment, development and programming. Both groups indicated that they considered there was a continuing place for voluntary schools. One suggested these as an alternative to state programs in the same way as private schools in the non-state system. The other espoused great concern for the perceived deterioration of quality when government had assumed control of some schools in one state.

3. *Children with hearing impairment*

One group provided information on the education of hearing impaired children. The submission stressed that the two major factors of concern to parents and teachers of the hearing impaired were the paucity of language in the hearing impaired, and the lack of social training and consequent social behaviour skills.

In summary, the group recommended:

(a) School entry might be delayed until about age 7 by a concentrated program of social training and language teaching.

(b) To implement the first recommendation, it would be advantageous to have a regular number of pre-school trained teachers recruited into the Teachers of the Deaf training courses.

4. *Children with cerebral palsy and other physical handicaps*

Five submissions were received by the National Survey in this area. Two came from associations dealing with cerebral palsied children, two from associations dealing with crippled children in general, and one from a specific group catering for spina bifida children. One large state group representing cerebral palsied children provided information concerning cerebral palsy and neurological handicap in general. A broad-ranging set of recommendations was made in a well-detailed and documented form. In general, recommendations were:

(a) better training for those who enter the cerebral palsy education fields, with a lower ratio of children to teachers; in some cases a ratio of one to one is required

(b) closer control for programs concerning children with minimum neurological defects

(c) more research into the visual, perceptual, visual-motor skills of children with neurological impairment to develop children for formal education

(d) better government funding for early intervention and research programs to relieve private organizations of this burden

(e) a centralised bank of audio-visual equipment and programs, possibly computer-linked, for the treatment and training of the cerebral palsied.

A series of recommendations were specifically made concerning the cerebral palsied population:

(a) the need for early neuro-developmental treatment to facilitate more normal movement patterns, preferably at age under six months

(b) the need for early diagnosis and treatment of visuo-motor and visual perceptual problems which may be suspected at an early age and certainly need to be monitored between 4 and 5 years.

(c) up to the age of six years a teacher-class ratio of one to five is needed rather than the larger ratios which may occur at present

(d) the need, once a child is in the classroom, for teachers with more adequate specific training relating to cerebral palsy, earlier recognition and acceptance by the teacher of the presence of specific learning deficits, and where integration is in operation, individual remedial education

(e) research should include the development of adequate tests to identify specific learning defects, especially number skills at the 6 to 8 year old level, since a lack of suitable assessment techniques has delayed intervention.

A second state group dealing with the cerebral palsied outlined the history of the growth of the organization and recommended that the current trend suggested in the Schools Commission Report of 1973 towards the movement from voluntary association schooling to departmental schooling be resisted, and cited the history of the association in endeavouring to achieve special education within its own multi-disciplinary complex. This association was unique in expressing this view.

Two groups concerned with crippled children submitted information to the National Survey. One concentrated its submission on the problem of school leavers and their preparation for adult life; difficulties in providing appropriate education for children to enter sheltered workshop or open workshop situations were described. In particular, they recommended programs to achieve better results in social and vocational preparedness and independent living skills.

A second group representing crippled children advocated the establishment of a separate Department of Special Education within states to more adequately represent the needs of children who are physically handicapped, and all children in particular who have special education needs. They spoke especially about the integration of physically handicapped children into regular schools, and in general supported the notion, but stressed that there was need for planned integration procedures to occur, for access and transport to be readily available, and for adequate support to be provided in terms of aids and equipment.

One group representing spina bifida children submitted a report to the National Survey. It saw additional services as being required, particularly to help spina bifida children who are enrolled in pre-schools, community kindergartens and child-care centres. It stressed that the number of children who are known to their organizations are not necessarily separated out into a single institution for spina bifida children, but in fact are enrolled as much as possible in the generic educational systems of the state. Other factors which were presented included the need for additional social work and occupational therapy provision to meet the needs of children with spina bifida who are enrolled in normal school programs, the need to eliminate many architectural barriers which presently persist in the school environments where children are enrolled; adequate staffing was required to meet the personal care needs of children. A further point was the need to find appropriate transport facilities for physically handicapped children who attended regular schools. The need was expressed for adequate staff/pupil ratios in regular schools were spina bifida children are enrolled so that appropriate remedial and physical attention may be given to the spina bifida child. Lastly, recreation and physical education needs were at present not appropriately met,and a great deal of research and teacher education is required to increase the ability of teachers in both special and regular schools to cope with such programs, particularly for those children in wheelchairs.

5. *Severely and profoundly handicapped children*

One submission was received from an organization representing severely and profoundly handicapped children. The submission concentrated on demonstrating that special education was vital for even the most severely retarded child, particularly if it follows on from the diagnosis. The association pointed out the need for education programs for severely and profoundly handicapped children, and referred to current research which continued to demonstrate the gains which are able to be made with these children. The association was concerned that the type of care offered should include special education as well as health care, and that ideally units for the provision of care should be kept small with a home-like atmosphere, rather than that of a hospital. In conclusion the organization sought Education Department responsibility for all children, and the better provision of training for special education teachers for the severely and profoundly retarded.

6. *Children with speech disorders*

One submission was received from a group providing information on behalf of children with speech disorders. The submission declared the organization to be concerned at the lack of educational facilities for the aphasic child. They further pointed out that there is no provision for the aphasic child in the secondary school system or within kindergartens in their particular state.

7. *Children in institutions*

One group representing children in institutions submitted information to the National Survey for Special Education. The submission outlined the current provision within the home run by the association and the type of children who are currently living in it. In summary, the submission provided information about handicapped children whose needs are not being met, and the inadequacy of the existing services, as well as some views of those who worked with the handicapped.

8. *Children with Down's syndrome*

One group submitted information in relation to the development and education of children with Down's syndrome. A summary of major recommendations of the submission is as follows:

(a) In common with many intellectually handicapped children, Down's syndrome children were historically classed as "ineducable", and what little education they received was left to parent initiative, charity or, recently, to government grants. The association submits that it is time that the handicapped shared the basic right to a free education appropriate to their needs.

(b) Evidence is mounting that Down's syndrome children have been taught too little too late, and accordingly our most pressing need is for an early intervention program involving a number of disciplines but centred on education.

(c) The key role that parents can play in the education of the handicapped should be recognized and stimulated by the provision of appropriate courses and by the greater involvement of parents in assessment and therapy.

(d) The fragmented and competitive array of education and other services for the handicapped urgently require rationalization, and it is recommended that a council be established with adequate powers to co-ordinate both government and voluntary agencies.

9. *Children who are diagnosed autistic*

One submission was received from a group representing autistic children. The submission pointed out that they concurred with the viewpoint which argues that hopeful results in the field of infantile autism at the present time are being achieved by those who use intensive education as their major therapeutic tool. The submission analysed the provision for and needs of autistic children at pre-school, primary and secondary level. It concluded that three main areas of educational provision are deficient and need urgent attention:

(a) improved child/teacher ratios
(b) earlier intervention, particularly in providing facilities and setting up programs for pre-schoolers
(c) specific training of teachers in the understanding of autistic children and the methods best suited to the development of learning skills in these children.

10. *Isolated children and those enrolled in correspondence lessons*

One submission was received from a group representing isolated children. It pointed out the need for provisions for handicapped children and for children who have special needs who are also located in isolated areas. It referred to provisions recently made in some states in an endeavour to come to grips with these, and the need for correspondence schools to provide more flexible and appropriate programs to cater for children with special education needs. They concluded by saying that a survey is needed into the numbers of children who are in isolated areas who may require programs to meet their special needs that are beyond the present abilities of correspondence programs. One submission was received from a large correspondence school in one state detailing the activities of the school and particularly its attempts to provide a wide range of programs which meet individual needs in a distance education program.

15.7 SUMMARY

In spite of the rather small number of written submissions to the research team, the evidence we have been able to collect has been very rich in so far as it points out the particular needs expressed by those parents and professionals closely involved with specific children or groups of children. One major theme emerging from the evidence was that parental involvement was paramount from as early an age possible. The specific problems associated in Australia with isolated children were also important. The need for multidisciplinary professionals and broader based initial teacher training (for all teachers) and more specialization for teachers of the handicapped must be reiterated. There were a few important suggestions which need to be investigated further, in particular the development of mobile diagnostic and assessment units and a proposal for a reevaluation of school holidays for those facilities where handicapped children need to attend school away from home. As we have seen throughout this report, there are very large state and federal government and non-government systems providing services for handicapped people, and it is imperative that the voices of parents, professionals, handicapped people themselves, and other interested parties are heard by those in these organizations. Finally, we note with regret the virtual absence of submissions from handicapped people themselves, who perhaps should be encouraged by those closely associated with them to voice their opinions or matters affecting them.

The research group during its visit to capital cities and many major centres in Australia gained very valuable insights into local matters affecting special education. The importance of these discussions cannot be underestimated, especially since we feel that for many of those submitting their views to us it was an occasion when they could openly express opinions to an independent research team. The richness of this material has influenced many of out interpretations of the data which we subsequently collected, and without which our task would have been much more difficult. In general, we believe the discussion and recommendations in this report reflect all the major matters put to us during these visits.

Chapter 16

PRIORITIES IN SPECIAL EDUCATION

16.1 INTRODUCTION

The information presented in this report provides an overview of special education in Australia. Though we recognize that in some aspects of the subject a more complete account is needed, it is necessary to highlight those findings from the survey which we believe require the attention of education authorities, and appropriate follow-up action. In framing the recommendations presented in the next section an attempt has been made to base them firmly on the data collected, the many concerns and opinions expressed to us, and the observations made during site visits throughout Australia. It is important to note that further recommendations and view points have been recorded in the text of the preceding chapters, and these also should be studied. Readers of this report may wish to identify their own priority areas. The recommendations which follow are those we consider should be brought to the attention of all involved in the education of students with special needs.

The fundamental results of this survey are that 1.96 percent of regular school students in Australia are students with identified handicapping conditions. We estimate that this represents 58,000 such students. School systems also provide for over 30,500 handicapped children and adolescents in special schools, and at least 21,000 handicapped students in special classes and units; giving a total of some 108,000 children and adolescents with handicapping conditions in Australian schools.

In addition to the above findings, and of equal importance, is the estimate from a sample survey of regular schools that approximately 11.1 percent of students in regular schools have learning difficulties, and 3.2 percent have behavioural difficulties. Both these prevalence rates are based on the numbers of students identified by school principals; they represent 328,000 and 96,000 students respectively in Australian regular schools with learning and behavioural difficulties, although it can be expected that some students experience problems in both these areas.

The study has also identified children in long term residential care services operated by health authorities as the major target group of children and adolescents not receiving educational programs. In all, seventy percent of these children aged 5 to 18 years do receive at least part-time education services, but 29.5 percent, or 848 children do not engage in any educational or related activities, and a total of 1091 or 38.2 percent do not receive full-time educational and/or other developmental programs.

In the following section a total of 46 recommendations are made concerning future planning for and development of special education in Australia. They cover the areas of legislation, organization of services, regular and special schools, children without education, extending to age-range for special education services, professional qualifications and staff development, curriculum, parents and community, research, and advanced study in special education. They are all considered to be important to the development of increasingly more adequate special education programs for the betterment of children and adolescents with special needs.

Taking the study in all its phases, however, there are four major findings in respect to the delivery of services to children with handicapping conditions and learning difficulties which need concerted attention and action.

1. There is an urgent need to provide appropriate educational and developmental services for all children in long-term residential care. As indicated above, we have identified 1091 children and adolescents in health authority facilities without full-time educational programs, whose needs in this area must be met.
2. It is important that the resources available to regular schools, including support staff, are equal to the task of ensuring that students with handicapping conditions in these schools are given optimum educational opportunities. In particular, these resources should generally be supplemented to enable any planned increase in the numbers of handicapped students integrated into regular schools.
3. It is also important that the resources available to regular schools, including support staff, are equal to the needs of students with learning and behavioural difficulties. Most of these student have problems with literacy and many have problems with numeracy. The findings of this study indicate that 47 percent of students with learning difficulties and 64 percent with behavioural difficulties are without appropriate support, and that for schools generally one-third

have no staff member with any relevant training or previous course attendance designed to meet the needs of these students.

4. The continuing place of special schools in the education of a minority of students with handicapping conditions should be recognised. Each of these schools should also be "centres of excellence", so that their students are given every opportunity for social and educational development. The results of this study indicate that further urgent action is needed to ensure that all staff members of special schools are appropriately qualified, that adequate levels of support staff, including therapists, are provided, and that no child is required to wait for a place in an educational program so necessary for his future life within the community.

16.2 PRIORITIES IN AUSTRALIAN SPECIAL EDUCATION

1. *Legislation*

A recurring theme in this report has been the need for appropriate authorities to re-examine the foundations of legislation underlying the provision of educational services for handicapped students. We believe that legislation provides a base which will secure the rights of the handicapped and through which improvements in services will be achieved. It is recognized that some states and territories already have appropriate legislation in some areas. We recommend:

1.1 That all states* confer with the object of obtaining the greatest possible uniformity of legislation pertaining to the education of handicapped children.

1.2 That all states consider the desirability of each Minister for Education being responsible by Act of Parliament for the education of all handicapped children, even where programs may be delivered by agencies other than Education Departments.

1.3 That the Commonwealth Government amend the provisions of the Handicapped Persons Assistance Act, to ensure that all funding in respect to education or related developmental programs for children and adolescents is made available to non-government bodies through relevant programs of the Schools Commission.

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* *States should be read as including territories as appropriate in this and all subsequent recommendations.*

1.4 That by enacting appropriate legislation, all states undertake to provide educational programs for handicapped children from birth to at least eighteen years.

1.5 That governments provide for the regular collection of appropriate statistical information to provide a basis for planning, implementing and evaluating special education services.

1.6 That the right of access by parents and handicapped students to information regarding the educational placement and progress of the students be safeguarded.

1.7 That all states enact suitable legislation enabling both regular and special schools to carry out programs of work experience for handicapped students.

2. *Organization of services*

We have noted that the pattern of organization of services to handicapped children differs considerably among the states and territories. It is complicated by the involvement of state governments, (health, welfare and education authorities) and of the federal government (the Schools Commission and the Department of Social Security) and is made more difficult to rationalize by the considerable involvement of voluntary organizations, particularly in the eastern states. Although some planning is undertaken at present, there is little evidence that systematic assessment of needs occurs across administrative boundaries. We recommend:

2.1 That all federal and state government departments as well as non-government organizations providing special education confer in order to 1) establish minimum standards for the quality of special education; 2) increase communication among departments and organizations; 3) identify gaps in services; 4) develop and implement a coherent pattern of services for the handicapped and their families; 5) present information on services to parents in simple and unambiguous terms.

2.2 That state education departments take positive steps to assume responsibility for educational provision for all handicapped children, and where government or non-government agencies provide special education, such provision to be subject to standards approved by the Minister of Education.

2.3 That where state education departments assume responsibility for a school program previously provided by a non-government organization, they take into account all aspects of the organization's relevant past activities in providing education for handicapped children and offer parents assurances that such a change will enhance the education of their handicapped children.

3. *Regular schools*

Children with special educational needs are increasingly catered for in regular schools - a figure of over 12 percent is suggested by our research findings. There is thus a positive move towards integration. If this is to continue the educational provision for these children will be improved only if adequate services in and to regular schools are provided. We recommend:

3.1 That regular schools be staffed with more appropriately trained teaching and support personnel to meet the special needs of handicapped students.

3.2 That education departments reappraise the extent and quality of support services available in regular schools to assist regular teachers to meet the needs both of children with clearly identified handicaps and of other children with learning or behaviour difficulties.

3.3 That new schools be designed according to established standards to provide access and other facilities to enable their use by handicapped persons.

3.4 That a program of modification of selected existing regular schools be instituted to improve access and facilities so that handicapped students have the opportunity to attend such a school within reasonable distance of their residence.

3.5 That the educational needs of handicapped students in regular schools be met in an environment as near to normal as possible.

3.6 That educational placement of handicapped students in regular schools be adequately supported by such transport services, special furnishings and equipment, building modifications, specially trained teachers, teacher aides and other staff resources as are needed.

3.7 That regular schools should develop policies for meeting the special needs of children with learning or behaviour difficulties and that structured in-service education programs be provided to support the implementation of such school policies.

4. *Special schools*

We believe there is a continuing need for special schools, although their place and role in the education of the handicapped are changing. The quality of provision in special schools ought to be outstanding. There should be more 'normalizing' experiences for students attending them through greater community involvement in the school procedures and more involvement of the students in activities outside of the school environment. We recommend:

4.1 That it be recognized that there will always be the need for special educational environments to meet the developmental needs of some handicapped students, even though the integration of many such students into regular schools is a desirable goal.

4.2 That efforts be made to ensure that students in special schools be afforded as many normalizing experiences as possible, not only by enriching student experiences outside of the school environment but also by increasing access to the school by other community groups.

4.3 That educational standards be established in special schools covering curriculum, staff development (pre-service and in-service), specialist support and general school facilities.

4.4 That provision of facilities for special education be increased such that no child requiring special education need be placed on a waiting list for more than an acceptable minimum time period.

5. *Children without education*

We hold that all children have the right to education, and that the education received should be appropriate to the circumstance and developmental needs of each child. This right should be extended especially to all children in residential care. We recommend:

5.1 That, in recognition of the right of all handicapped children to appropriate education, programs be provided for those without current access, especially the profoundly handicapped and those in long-term residential care.

5.2 That educational programs for those in long-term residential care be provided in schools situated outside such residences, except where medical conditions preclude this.

6. *Extending the age range for special education services.*

Many handicapped children reaching school leaving age are in need of further education, particularly in the areas of numeracy, literacy and leisure curricula. Conversely many young handicapped infants, toddlers and pre-schoolers have no access to early educational intervention. We recommend:

6.1 That multi-disciplinary services for handicapped infants and young children and their families be provided and that these be co-ordinated with educational services provided for older children.

6.2 That, in order that the education of young handicapped children be undertaken in as normal an environment as possible, education in the pre-school year (4 - 5 year olds) be the responsibility of education departments in all states and that appropriate numbers of places in regular pre-schools be reserved for handicapped children.

6.3 That further education beyond the years of compulsory schooling be available to handicapped students on both a full-time and part-time basis.

6.4 That further education for handicapped students be provided both by facilitating entry for such students to appropriate existing tertiary and further education courses and by developing new courses for particular groups of handicapped school leavers, including employment and cultural areas.

6.5 That co-ordination be established between programs of further education for the handicapped and facilities operated under the Handicapped Persons Assistance Act (1974), especially activity therapy centres and workshops.

7. *Professional qualifications and staff development*

It is extremely important that teachers in both government and non-government schools are appropriately qualified. In addition to relevant pre-service education, teachers of handicapped children need opportunities to keep abreast of new developments in the field. We recommend:

7.1 That all teachers in special schools, and those working with the handicapped in regular schools, hold a recognized pre-service award as well as additional specialist training, and the minimal requirements to teach in special education be three years of general teacher education and one year of special education preparation.

7.2 That teachers presently employed in special education who do not possess this minimal level of training be given the opportunity to upgrade their qualifications by release to attend courses appropriate to their needs, such courses to include a full-time component in order that appropriate practical field experiences may be undertaken.

7.3 That a small number of teacher education programs in selected states be developed to prepare teachers specifically for work with severely, profoundly, and multiply handicapped children.

7.4 That in-service education programs for all aspects of teacher development in special education be made more systematic and cumulative in content.

8. *Curriculum*

It is important not only to have well qualified professionals in special education, but also to develop further the content of educational programs for handicapped children. We recommend:

8.1 That all professional development of special education teachers at both pre- and in-services levels incorporate studies in curriculum development.

8.2 That research and development in curriculum for handicapped children, especially in areas where little now exists, be undertaken.

8.3 That the development of curriculum for leisure and community living be given high priority for handicapped students.

8.4 That work-experience programs for all handicapped adolescents be made available in both regular and special schools.

8.5 That departmental curriculum branches increase their involvement in curriculum development for special education.

9. *Parents*

Parents express the wish to be better informed and to play an active part in the development of their handicapped children. We believe that these are parental rights. We recommend:

9.1 That agencies involved in initial assessments inform parents of handicapped children of the availability of educational programs as early as possible after the identification of a handicap.

9.2 That the right of parents of handicapped children to be involved in all aspects of their child's education be recognized, and that they be encouraged to participate in all decisions relating to this provision.

10. *Community*

Members of the community need to be better educated about the handicapped and to be more involved in community living programs. They also need to be more involved with those handicapped persons who for whatever reason live and are educated in segregated environments. We recommend:

10.1 That a vigorous public awareness and information campaign be carried out in all sections of the community, including migrant, Aboriginal and isolated communities, in order to identify handicapped children and develop appropriate services for them.

10.2 That steps be taken to provide to the Australian community more information about the handicapped, in particular through television and other media.

10.3 That the school curriculum throughout all levels include opportunities for all students to develop a better understanding of handicapped persons.

11. *Research*

Basic and applied research are necessary for all areas of education, for without research services will not be informed by the latest and most innovative practice and will fall behind the international standards which Australians are demanding. The recommendations below should be noted by research funding bodies. We recommend:

11.1 That more basic research be undertaken concerning the learning and development of the handicapped.

11.2 That more applied research and evaluations be carried out concerning all aspects of the provision of special education to handicapped students.

12. *Advanced study in special education*

There has been an increase in special education teaching in tertiary educational institutions in the last decade aimed at pre- and in-service professional development. We believe that there is a need for courses of advanced study in special education to be available to the lecturing staff involved in this work. We recommend:

12.1 That funding be made available to establish an advanced leadership program in special education in an Australian university designed especially to fulfill the needs of the lecturing staff in special education from tertiary education establishments.

12.2 That funding be made available to enable selected lecturing staff in special education to participate in such a leadership program,and to attend courses of advanced study in specified areas of special education.

16.3 RESEARCH AND POLICY MAKING

There needs to be a complementary relationship between policy making and research in the social sciences. While policy decisions are properly affected by a variety of forces, they should be informed by the results of carefully conceived and well executed research evaluations.

In turn, relevant research can maintain its vitality only if its results are used to the advantage of clients through providing input to policy decisions. A problem arises, however, in relation to timing. Policy makers and those who advise can, for example, identify a particular issue on which they need research information to guide their thinking. Most such research requires a reasonable time scale so it can be planned, implemented and evaluated. On occasions, policy makers find that before the information is available, either the sweep of events demands policy decisions be made or the context of decision making has changed.

The present study has taken more time than was planned. Even so, to have carried out the survey, distributed draft chapters of the report and completed a final report in a little over a year is no small achievement. However, as the chairman of the Education Research and Development Committee recently pointed out, "major research may take three to five years to complete, and it is difficult to predict what the policy issues will be so far ahead" (Dunn 1979, p.23). He provided as an example a recent Australian study on teacher resignation. This study was begun when teacher resignations were a cause for concern, but by the time the study was published,the situation had changed and a surplus of teachers drastically reduced the resignation rate.

The present document has attempted to speak to policy makers, although there are many areas in which we have not been able to present a comprehensive analysis. We note with interest that we were not alone in experiencing difficulty with obtaining statistical data. Williams (1979) and Warnock (1978) found the same problem in their recent inquiries. Clearly much more information is needed to provide an adequate data-base for the development of special education policy in Australia. We are concerned that special education is not one of the priority areas of the Education Research and Development Committee, not only as special education is needed for some 15 percent of the school population, but also because the costs of special education represent a substantial component of total educational expenditure.

It is clear that we have occupied mixed roles during the progress of this study. While at times we have been researchers, time has not permitted us to contemplate and consider as much as we would have liked. As evaluators we have brought our values to bear while always trying to remain open to alternative viewpoints. Both of these roles have had to be tempered within the constraints of carrying out a study which ought to be sensitive to the realities of government and administrative decision-making, as well as the real-life concerns of parents and professionals.

Thus we would argue that in the future there should be better communication between policy maker and the educational researcher. There are some encouraging signs that this communication is developing. The National Advisory Council for the Handicapped has taken some steps to effect this in the wider sphere of research on handicap. Much more could be done to ensure a close and productive working relationship between researchers and policy makers in the field of special education.

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* *In the first edition of this report, which was issued in limited numbers, Appendices B and C above were included as Appendices C and D respectively. The two volume first edition differs from the present volume only by its inclusion of the appendix (Appendix B in the original volume) which reproduces the questionnaires used for the survey.*

Copies of the two volume first edition are held in the National Library of Australia, the State Libraries, and the library of the Commonwealth Department of Education, Canberra.

Appendix A

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Table A3.1

Schools, units, classes & facilities for the child with special needs: New South Wales

Child's Special Needs	Special Classes/ Units in Primary Schools	Special Classes/ Units in Secondary Schools	Special Schools	Hospitals with Classrooms	Rehabilitation Centres	Residential Boarding	Visiting Teacher Service (No. of Teachers)
Intellectual Handicap							
Opportunity A	188	72	8				
Intellectual (O.F.)	10		44	4 schools		1	
Physical Handicap							
Permanent handicap			13				
Short-term, accident or illness				23 classes			
Impaired Hearing	33 (68 classes) 6 Nursery	12 (28 classes)	2*				54 Itinerant 3 Visiting Special Ed. Consult.
Impaired Vision	7 (15 classes)	5 (11 classes)	2**				13 Itinerant Special Ed. Consult.
Specific Learning Difficulties							
Language Disorders	17(18 classes)						
Perceptual Disorders	4(8 classes)						
Social and Emotional Difficulties							
Behaviour Disturbance	7	2	6	1			
Other							
Children with outstanding Ability	14 (40 classes)						

* Includes 1 conducted in premises erected by the N.S.W. Institute for Deaf and Blind children.

** Annexe for children with a significant degree of both sight and hearing loss, and 1 as * above.

Table A3.2

Schools, units, classes and facilities for the child with special needs: Victoria

Child's Special Needs	Special Classes/ Units in Primary Schools	Special Classes/ Units in Secondary Schools	Special Schools	Hospitals with Classrooms	Rehabilitation Centres	Residential Boarding	Visiting Teacher Service (No. of Teachers)
Intellectual Handicap			22				
Moderate handicap			16*				
Physical Handicap			5	3		2	6
Impaired Hearing			4				) 72
Impaired Vision			6**				)
Specific Learning Difficulties	45						
Remedial Education (Language, Arts, Maths)	43 Spec.Ed.Units 5 Demonstration Units	10					
Social and Emotional Difficulties	5		19***				

* Special Development Schools, 5 within institutions conducted by Mental Health Authority.

** Includes Monnington Special Education Centre, which offers comprehensive parent guidance service.

*** Attached to, or associated with, institutions which cater solely for children, adolescents and adults from the institution.

Table A3.3

Schools, units, classes & facilities for
the child with special needs: Queensland

Child's Special Needs	Pre-school Provision	Special Units in Primary Schools	Special Units in Secondary Schools	Special Schools	Hospitals with Classrooms	Rehabilitation Centres	Residential Centres	Consultative Visiting Teacher Service
Intellectual Handicap		15	1	38				
Physical Handicap	(3) *	1	2	3	included under pre-school provision(9)			6 teachers visit 96 centres. 12 teachers visit 144 pre-schools
Early Education Intervention								
Multiple Handicaps	3			3				
Early Education Intervention	4							
Impaired Hearing	7	7	1				1	17 teachers visit 203 centres
*Early Education Intervention	(3)*							
Correspondence Unit	1							
Impaired Vision	1	3	1	1				8 teachers visit 68 centres
*Early Education Intervention	(1)*							
Blind-Deaf Unit		1						
Specific Learning Difficulties		8						
Social and Emotional Difficulties				2				
Educational Handicap		239 remedial/ resource T.						22 itinerant resource teachers. 3 teachers visit 20 centres
Migrant Children		15	4	1				
Isolated Children		1						
Hospitalized Children	9	5		2				

* Early Educational Intervention Programs provided by Special Pre-schools are shown in ( ).
There are 4 separate Units for these programs only.

Table A3.4

Schools, units, classes & facilities for the child with special needs: South Australia

Child's Special Needs	Special Classes/ Units and other assistance in Primary Schools	Special Classes/ Units and other assistance in Secondary Schools	Special Schools	Hospital with Classrooms	Rehabilitation Centres	Residential Boarding	Visiting Teacher Service (No. of Teachers)
Intellectual Handicap			16				
Learning Difficulties*	Approximately 99 schools	200 teachers in 51 schools					30
Physical Handicap Children in Hospitals			1	2 includes 1 day care annexe			2
Impaired Hearing	9	4	1**				9
Impaired Vision			1				4
Specific Learning Difficulties			3 units associated with psychiatric and correctional establishments				3
Isolated Children			Correspondence + School of Air				Remote & Isolated Children's Team

* "Include mildly mentally retarded and educationally handicapped children."

** Parent Guidance Clinic, Kilparrin Teaching and Assessment Centre.

Table A3.5

Schools, units, classes & facilities for the child with special needs: Western Australia

Child's Special Needs	Special Classes/ Units in Primary Schools	Special Classes/ Units in Secondary Schools	Special Schools	Hospitals with Classrooms	Rehabilitation Centres	Residential Boarding	Visiting Teacher Service (No. of Teachers)
Intellectual Handicap	51 units (62 classes)	18 units (23 classes)	16* 1**				
Physical Handicap		1	5***	2	2	1	
Impaired Hearing	4 units (5 classes)	1 unit (3 classes)	3**** Pre-school groups 1 resource centre				1
Impaired Vision	3	1					1
Specific Learning Difficulties	16 remedial centres		4 remedial clinics				1 short-term isolated children 1 short-term for parents
Social and Emotional Difficulties	4 resource centres (Guidance Branch)						

* 6 with pre-school centres.
** Day Activity Centre, under control of Mental Health Services
*** Conducted in Day Care Centre, which owned and maintained by Spastic Welfare Association
**** 1 semi-private

Table A3.6

Schools, units, classes & facilities for the child with special needs: Tasmania

Child's Special Needs	Special Classes/ Units in Primary Schools	Special Classes/ Units in Secondary Schools	Special Schools	Hospitals with Classrooms	Rehabilitation Centres	Residential Boarding	Visiting Teacher Service (No. of Teachers).
Intellectual Handicap	6	2	12*			1	
Physical Handicap			2			1	
Children in Hospitals				2			
Impaired Hearing		2	1				6
Impaired Vision			1				4
Specific Learning Difficulties	3						
Social and Emotional Difficulties			4				
Vocational Unit for School leavers			1				
Educational Handicap			1				

* Includes St Martin's, which is located in the grounds of Moonah School

Table A3.7

Schools, units, classes & facilities for
the child with special needs: Northern Territory

Child's Special Needs	Special Classes/ Units in Primary Schools	Special Classes/ Units in Secondary Schools	Hospitals with classrooms	Rehabilitation Centres	Residential Boarding	Visiting Teacher Service (No. of Teachers)
Intellectual Handicap	11	3	3*	2		
Physical Handicap						4
Impaired Hearing	6	1				2
Impaired Vision	1	1				1
Specific Learning Difficulties	1	2				
Social and Emotional Difficulties						
Pronounced Language Disorder	1					

* 3 impaired hearing children attend.

Table A3.8

Schools, units, classes & facilities for the child with special needs: Australian Capital Territory

Child's Special Needs	Special Classes/ Units in Primary Schools	Special Classes/ Units in Secondary Schools	Special Schools	Hospitals with Classrooms	Rehabilitation Centres	Residential/ Boarding	Visiting Teacher Service (No. of Teachers)
Intellectual Handicap	1978: 13 Units (25 classes) 1979: 16 Units (32 classes)	1	5*				
Physical Handicap Difficulties	1**		1	2			
Impaired Hearing	2	1					5
Impaired Vision	1	1					1
Specific Learning Difficulties	56 part-time (28 F.T.E. teachers)		2 Reading Centres				
Social and Emotional Difficulties							

* Includes a class conducted at the Bruce Hostel, a Capital Territory Health Commission Hostel.
**Integration within regular classes is encouraged.

Table A7.1

Census of handicap in regular schools :
teaching staff and student numbers in government schools by state

State	Schools enrolling children with identified handicaps			Schools without children with identified handicaps			All schools			
	Enrolment	No. of teachers*	Teacher/ student ratio	Enrolment	No. of teachers*	Teacher/ student ratio	No. of responding schools	Enrolment	No. of teachers*	Teacher/ student ratio
NSW	405637	20588	19.7	42544	2041	20.8	1073	441881	22629	19.8
VIC	302840	20021	15.1	41368	2530	16.4	1030	344208	22551	15.3
QLD	189393	9727	19.5	19327	952	20.3	734	208720	10679	19.5
SA	144223	8446	17.1	12711	722	17.6	466	156934	9168	17.1
WA	98245	5364	18.3	21880	1007	21.7	355	120125	6371	18.9
TAS	45369	2520	18.0	2734	116	23.6	140	48103	2636	18.2
NT	5434	314	17.3				14	5434	314	17.3
ACT	11816	707	16.7	4177	208	20.8	49	15993	915	17.5
Australia	1202957	67687	17.8	144741	7576	19.1	3861	1347698	75262	17.9

* as full-time equivalents, rounded

Table A7.2

Census of handicap in regular schools :
teaching staff and student numbers in non-government schools by state

State	Schools enrolling children with identified handicaps			Schools without children with identified handicaps			All schools			
	Enrolment	No. of teachers*	Teacher/ student ratio	Enrolment	No. of teachers*	Teacher/ student ratio	No. of responding schools	Enrolment	No. of teachers*	Teacher/ student ratio
NSW	701900	3799	18.5	23883	1157	20.6	296	94073	4956	19.0
VIC	91694	5254	17.5	20399	1063	19.2	303	112093	6317	17.7
QLD	44090	2173	20.3	5391	465	11.6	170	49481	2638	18.8
SA	16190	912	17.8	6187	346	17.9	74	22377	1258	17.8
WA	7004	344	20.4	3597	256	14.0	43	10601	600	17.7
TAS	5186	285	18.2	2670	157	17.0	38	7856	442	17.8
NT	3509	145	24.2	29	1	29.0	7	3538	146	24.2
ACT	3555	193	18.4	1471	58	25.4	10	5026	251	20.0
Australia	241418	13105	18.4	63627	3503	18.2	941	305045	16608	18.4

* as full-time equivalents, rounded

Table A7.3

Census of handicap in regular schools :
teaching staff and student numbers in all schools by state

State	Schools enrolling children with identified handicaps			Schools without children with identified handicaps			All schools			
	Enrolment	No. of teachers*	Teacher/ student ratio	Enrolment	No. of teachers*	Teacher/ student ratio	No. of responding schools	Enrolment	No. of teachers*	Teacher/ student ratio
NSW	475827	24387	19.5	66427	3198	20.8	1369	542254	27585	19.7
VIC	394534	25275	15.6	61767	3593	17.2	1333	456301	28868	15.8
QLD	233483	11900	19.6	24718	1417	17.4	904	258201	13317	19.4
SA	160413	9358	17.1	18898	1068	17.7	540	179311	10426	17.2
WA	105249	5708	18.4	25477	1263	20.2	398	130726	6971	18.8
TAS	50555	2805	18.0	5404	273	19.8	178	55959	3078	18.2
NT	8943	459	19.5	29	1	29.0	21	8972	460	19.5
ACT	15371	900	17.1	5648	266	21.2	59	21019	1166	18.0
Australia	1444375	80792	17.9	208368	11079	18.8	4802	1652743	91871	18.0

* as full-time equivalents, rounded

Table A7.4

Prevalence of students with professionally identified handicaps in government regular schools in Australia : by disability and state*

State	School enrolment	Visual		Hearing		Physical		Mild. mental		Mod./Severe mental		All handicaps	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW	448181	336	.07	1039	.23	635	.14	8776	1.95	236	.05	11022	2.45
VIC	344208	256	.07	640	.18	607	.17	1294	.37	83	.02	2880	.83
QLD	208720	116	.05	496	.23	399	.19	1343	.64	66	.03	2420	1.15
SA	156934	78	.04	313	.19	308	.19	1322	.84	117	.07	2138	1.36
WA	120125	65	.05	240	.19	241	.19	1167	.97	41	.03	1754	1.46
TAS	48103	24	.04	105	.21	95	.19	1143	2.37	37	.07	1404	2.91
NT	5434	1	.02	30	.61	12	.24	65	1.32	-	-	108	2.18
ACT	15993**	3	.01	57	.35	35	.21	178	1.11	19	.11	292	1.82
Australia	1347698	879	.06	2920	.21	2332	.17	15288	1.13	599	.04	22018	1.63

* based on a 53.45 percent response level

** includes pre-schools

Table A7.5

Prevalence of students with school identified handicaps in government regular schools in Australia : by disability and state*

State	School enrolment	Visual		Hearing		Physical		Mild. mental		Mod./Severe mental		All handicaps	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW	448181	40	.01	134	.03	61	.01	1451	.32	38	.01	1724	.39
VIC	344208	71	.02	117	.03	93	.03	1240	.36	84	.02	1605	.47
QLD	208720	22	.01	122	.06	29	.01	1061	.50	43	.02	1277	.61
SA	156934	1	.00	34	.02	39	.02	919	.59	34	.02	1027	.65
WA	120125	15	.01	43	.03	29	.02	550	.46	27	.02	664	.55
TAS	48103	7	.01	3	.01	8	.02	278	.59	1	.00	297	.63
NT	5434	1	.03	2	.06	-	-	25	.51	1	.03	29	.59
ACT	15993**	-	-	-	-	29	.18	16	.10	-	.00	45	.28
Australia	1347698	157	.01	455	.03	288	.02	5540	.41	228	.02	6668	.49

* based on a 53.45 percent response level

** includes pre-schools

Table A7.6

Prevalence of students with professionally identified handicaps in non-government regular schools in Australia : by disability and state*

State	School enrolment	Visual		Hearing		Physical		Mild. mental		Mod./Severe mental		All handicaps	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW	94073	21	.02	144	.15	115	.12	442	.47	35	.04	757	.80
VIC	112093	68	.06	185	.17	197	.18	263	.23	32	.03	745	.66
QLD	49481	42	.08	108	.22	96	.19	154	.31	4	.01	404	.82
SA	22377	4	.02	41	.18	49	.22	109	.49	14	.06	217	.97
WA	10601	2	.02	29	.27	21	.20	96	.91	1	.01	149	1.41
TAS	7856	4	.05	16	.20	10	.13	32	.41	54	.69	116	1.48
NT	3538	4	.11	13	.37	4	.11	11	.31	2	.06	34	.96
ACT	5026**	-	-	2	.04	3	.06	36	.72	-	-	41	.82
Australia	305045	145	.05	538	.18	495	.16	1143	.37	142	.05	2463	.81

* based on 45.45 percent response level

** includes pre-schools

Table A7.7

Prevalence of students with school identified handicaps in non-government regular schools in Australia : by disability and state*

State	School enrolment	Visual		Hearing		Physical		Mild. mental		Mod./Severe mental		All handicaps	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW	94073	-		57	.06	3	.003	404	.43	23	.02	487	.52
VIC	112093	3	.003	26	.02	10	.01	283	.25	10	.01	332	.30
QLD	49481	4	.01	7	.01	1	.002	101	.20	1	.002	114	.23
SA	22377	14	.06	28	.13	-	-	113	.50	2	.01	157	.70
WA	10601	1	.01	10	.09	6	.06	66	.62	3	.03	86	.81
TAS	7856	1	.01	-	-	-	-	26	.33	8	.10	35	.45
NT	3538	2	.06	7	.20	1	.03	6	.17	-	-	16	.05
ACT	5026**	-	-	1	.02	-	-	1	.02	-	-	2	.04
Australia	305045	25	.01	136	.04	21	.01	1000	.33	47	.02	1229	.40

* based on 45.45 percent response level

** includes pre-schools

Table A7.8

The attitudes of principals of regular government schools enrolling handicapped children to the education of those children in regular schools : by state

	Favourably disposed to handicapped children in regular schools										Unfavourable attitude		No response	
	Idealogically		In special classes in regular schools		Depends on adequate specialist support and/or facilities		Depends on the effect on the child and/or the other children		Depends on the type of handicap and/or degree of handicap					
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW	245	28.3	26	3.0	253	29.2	53	6.1	141	16.3	43	5.0	106	12.3
VIC	142	18.3	5	0.6	282	36.4	75	9.7	114	14.7	54	7.0	102	13.2
QLD	134	24.8	9	1.7	175	32.5	38	7.1	74	13.7	40	7.4	69	12.8
SA	95	24.1	18	4.6	163	41.4	19	4.8	46	11.6	9	2.3	44	11.1
WA	70	27.0	7	2.7	103	39.8	11	4.2	29	11.2	7	2.7	32	12.4
TAS	35	28.7	3	2.5	42	34.4	1	0.8	25	20.5	3	2.5	13	10.7
NT	3	21.4	-	-	4	28.6	1	7.1	1	7.1	1	7.1	4	28.6
ACT	4	12.9	-	-	2	6.5	1	3.2	1	3.2	-	-	23	74.2
Australia	728	24.3	68	2.3	1024	34.1	199	6.6	431	14.3	157	5.2	393	13.1

Table A7.9

The attitudes of principals of regular non-government schools enrolling handicapped children to the education of those children in regular schools : by state

	Favourably disposed to handicapped children in regular schools										Unfavourable attitude		No response	
	Idealogically		In special classes in regular schools		Depends on adequate specialist support and/or facilities		Depends on the effect on the child and/or the other children		Depends on the type of handicap and/or degree of handicap					
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW	53	26.5	-	-	57	28.5	18	9.0	27	13.5	12	6.0	33	16.5
VIC	71	31.8	1	0.4	69	31.0	23	10.3	24	10.8	6	2.7	29	13.0
QLD	30	21.3	4	2.8	41	29.1	15	10.6	30	21.3	10	7.1	11	7.8
SA	22	42.3	2	3.8	11	21.2	-	-	5	9.6	2	3.8	10	19.2
WA	5	18.5	1	3.7	8	29.6	2	7.4	3	11.1	-	-	8	29.6
TAS	7	30.4	-	-	8	34.8	2	8.7	2	8.7	-	-	4	17.4
NT	4	66.7	-	-	1	16.7	-	-	-	-	-	-	1	16.7
ACT	1	20.0	-	-	1	20.0	-	-	1	20.0	1	20.0	1	20.0
Australia	193	28.5	8	1.2	196	29.0	60	8.9	92	13.6	31	4.6	97	14.3

Table A7.10

Numbers of regular schools enrolling/not enrolling handicapped children : by state and system

State	Government			Non-government			All schools		
	With handicap	Without handicap	Total	With handicap	Without handicap	Total	With handicap	Without handicap	Total
NSW	867	106	1073	200	96	296	1067	202	1369
VIC	774	256	1030	223	80	303	997	336	1333
QLD	539	195	734	141	29	170	680	224	904
SA	394	72	466	52	22	74	446	94	540
WA	259	96	355	27	16	43	286	112	398
TAS	122	18	140	23	15	38	145	33	178
NT	14	-	14	6	1	7	20	1	21
ACT	31	18	49	5	5	10	36	23	59
Australia	3000	861	3861	677	264	941	3677	1025	4802

Table A7.11

Summary of students with handicapping conditions including and excluding regular schools with fulltime special classes by state : government schools

State	No. of pupils in regular schools including fulltime special classes	No. with handicaps	%	No. of pupils in regular schools excluding fulltime special classes	No. with handicaps	%
NSW	448181	12746	2.84	330567	7250	2.19
VIC	344208	4485	1.30	329406	4167	1.27
QLD	208720	3697	1.77	188999	3050	1.61
SA	156934	3165	2.02	121438	1796	1.49
WA	120125	2418	2.01	98179	1752	1.78
TAS	48103	1701	3.54	37416	1169	3.12
NT	5434	137	2.52	4171	104	2.49
ACT	15993	337	2.11	8985	20	0.22
Australia	1347698	28686	2.13	1119161	19308	1.70

Table A7.12

Summary of students with handicapping conditions including and excluding regular schools with fulltime special classes by state : non-government schools

State	No. of pupils in regular schools including fulltime special classes	No. with handicaps	%	No. of pupils in regular schools excluding fulltime special classes	No. with handicaps	%
NSW	94073	1244	1.32	89203	1048	1.17
VIC	112093	1077	0.96	105340	994	0.94
QLD	49481	518	1.05	49087	505	1.03
SA	22377	374	1.67	22287	365	1.63
WA	10601	235	2.22	9879	224	2.27
TAS	7856	151	1.92	7459	138	1.85
NT	3538	50	1.41	2808	49	1.75
ACT	5026	43	0.86	4066	42	1.03
Australia	305045	3692	1.21	290129	3365	1.16

Table A7.13

Summary of students with handicapping conditions including and excluding regular schools with fulltime special classes by state : all schools

	No. of pupils in regular schools including fulltime special classes	No. with handicaps	%	No. of pupils in regular schools excluding fulltime special classes	No. with handicaps	%
NSW	542254	13990	2.58	419770	8298	1.98
VIC	456301	5562	1.22	434746	5161	1.19
QLD	258201	4215	1.63	238086	3555	1.49
SA	179311	3539	1.97	143725	2161	1.50
WA	130726	2653	2.03	108058	1976	1.83
TAS	55959	1852	3.31	44875	1307	2.91
NT	8972	187	2.08	6979	153	2.19
ACT	21019	380	1.81	13051	62	0.47
Australia	1652743	32378	1.96	1409290	22673	1.61

Table A7.14

Handicapped students in government schools in the Northern Territory

No. of schools	School (1) enrolment	Visual (2)		Hearing (3)		Physical (4)		Mild (5) mental		Mod/Sev (6) mental		All (7) handicaps	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
120	24,134	12	.05	54	.023	6	.025	168	.7	45	.18	285	1.18

NOTES.

1. As from 31 July 1978 there were 120 government schools in the Northern Territory catering for 24,134 pupils. Independent schools had a population of 3,833 pupils for whom separate statistics are unavailable. Of the 27,517 pupils, 18415 were in urban schools (66.9%) 5,719 Aboriginal communities (20.8%) and 3,383 in independent schools (i.e. 13.3%)
2. Includes blind, deaf-blind, visually impaired at special unit in regular school.
3. Includes special class placement and visiting teacher service only but does not include figures for milder conductive losses among Aboriginals.
4. Assisted in normal classes by aide or part-time instructor.
5. Only special class children listed. Many other children assisted by 13 special resource teachers in 12 schools.
6. Only pupils in special schools listed.
7. All handicaps does not include children in special language unit, reading centres, remedial reading, children receiving speech therapy services, migrant english, or bilingual education.

Table A14.1

Comments on needs and priorities by
teachers of the intellectually handicapped
by States

	Teacher's comments	QLD		N.S.W.		VIC.		S.A.		W.A.		TAS	ACT	N.T.
		Gov	Non-Gov	Gov	Non-Gov	Gov	Non-Gov	Gov	Non-Gov	Gov	Non-Gov	Gov	Gov	Gov
		(n=91)	(n=35)	(n=27)	(n=35)	(n=55)	(n=63)	(n= 34)	(n=9)	(n=9)	(n=8)	(n=14)	(n=8)	(n=1)
CHILD	Early intervention	1	2	1	1	6	2	4	-	-	-	5	3	-
	Individual as key	5	1	1	1	6	5	3	-	-	-	-	-	1
	Survival skills	10	2	5	2	3	3	8	1	-	-	-	-	1
	Normalization	4	1	-	-	3	-	-	1	-	-	-	-	-
	Self-worth	3	2	3	1	4	5	1	3	-	-	-	-	1
	Behaviour Modification	-	1	-	-	2	-	-	-	-	-	1	-	-
	Vocational	6	1	-	1	3	-	-	1	2	-	1	1	-
	Recreational	4	1	-	-	1	1	2	-	-	-	-	-	-
	Post-school training	5	-	1	2	1	2	-	1	-	-	8	-	-
	Integration	4	-	-	-	4	2	2	1	-	-	1	1	-
TEACHER	Training	8	3	3	4	7	6	3	1	1	-	1	4	-
	Pupil/teacher ratio	10	3	3	3	-	1	3	1	-	-	-	-	-
	Staffing	2	1	2	1	1	2	3	-	-	-	6	-	-
	Appropriate facilities	5	1	3	3	1	1	4	-	1	-	1	-	-
	Professional backup	6	2	1	1	8	5	6	1	1	-	4	-	-
	Liaison	5	-	4	1	3	1	1	-	1	-	1	-	-
	Availability of research	2	3	-	-	-	-	-	-	2	-	-	-	-
PARENT	Counselling/education	3	1	1	5	3	3	4	1	1	-	3	1	-
	Involvement	1	1	-	-	-	1	4	-	1	-	1	-	-
	Relief	-	-	1	1	1	1	-	-	-	-	-	1	-
COMMUN-ITY	Education	3	7	3	7	1	7	2	1	2	-	2	1	-
	Involvement	-	7	2	5	2	1	2	-	1	-	3	-	-
EDUC. DEPT.	Curriculum	8	-	-	5	5	2	3	-	-	-	-	2	-
	Finance	3	2	1	-	-	-	1	-	-	-	1	-	-
	Other	9	8	1	1	5	5	5	2	2	1	3	-	-

Table A14.2

Comments on needs and priorities:
teachers of children with other handicaps
by State

	Teacher's comments	Qld Gov (n=21)	Non-Gov (n=8)	N.S.W. Gov (n=14)	Non-Gov (n=20)	VIC Gov (n=32)	Non-Gov (n=26)	S.A. Gov (n=6)	Non-Gov (n=0)	W.A. Gov (n=23)	Non-Gov (n=3)	TAS Gov (n=16)	ACT Gov (n=3)	N.T. Gov (n=1)
CHILD	Early Intervention	2	-	-	2	-	1	1		-	-	1	-	-
	Individual as key	2	-	-	1	-	-	-		1	-	-	-	-
	Survival skills	-	-	1	-	-	-	-		-	-	-	-	-
	Normalization	1	-	-	-	-	-	-		-	-	-	-	-
	Self-worth	2	2	-	-	1	-	-		1	-	-	-	-
	Behaviour Modification	-	-	1	-	3	-	-		-	-	-	-	-
	Vocational	2	-	-	-	-	-	-		2	-	-	-	-
	Recreational	3	-	1	-	-	-	-		-	-	-	-	-
	Post-school training	1	-	-	1	1	-	-		-	-	1	1	-
	Integration	2	-	1	-	3	1	1		2	-	-	-	-
TEACHER	Training	3	1	1	4	4	2	1		4	-	1	-	-
	Pupil/teacher ratio	-	-	-	1	2	-	2		4	-	-	-	-
	Staffing	-	1	-	2	1	3	1		2	-	1	-	-
	Appropriate facilities	1	-	2	2	-	3	1		3	-	-	-	-
	Professional Backup	1	-	1	1	5	2	-		4	-	2	-	-
	Liaison	-	-	-	1	2	2	3		3	-	1	-	1
	Availability of research	1	-	1	-	2	-	-		-	-	-	-	-
PARENT	Counselling/education	-	1	1	2	4	2	1		1	-	2	-	-
	Involvement	-	-	-	-	-	-	1		-	-	-	-	-
	Relief	-	-	-	2	-	2	-		-	-	1	-	-
COMMUN-ITY	Education	1	3	2	-	-	2	-		2	-	-	-	1
	Involvement	2	-	1	2	-	-	-		-	-	-	-	-
ED. DEPT.	Curriculum	2	1	-	2	5	-	-		5	-	-	-	-
	Finance	-	-	1	3	-	-	-		2	-	1	-	-
	Other	7	1	-	5	4	5	-		2	1	1	-	-

Appendix B

APPENDIX B

Range of services in the Northern Territory

(a) Guidance

(1) Professionally qualified Guidance Officers provide guidance, counselling, clinical advisory and evaluative services throughout NT schools. Band 1 officers operate from a school base and work to school conditions. Band 2 Officers work from a Regional or Area base and work office conditions.

(2) School counsellors are Band 1 Officers (non-teaching) who work in each of the major secondary schools. They attend to such matters as student counselling, careers education, work study and work experience programs, course selection, and personal development programs as directed by Principals.

(3) Home Liaison Officers are attached to centre schools in Darwin. In Alice Springs they service schools from a Regional Office base. They act as a bridge between home and school and are concerned with such matters as non-attendance, student welfare, behaviour difficulties and parent-school relations. There are home liaison officers in some aboriginal settlements.

(b) Special Education

(1) Special Education Advisers advise on educational matters concerned with physically and mentally handicapped children. Such matters include special equipment, special facilities, programs, excursions, travel, records and special supplies.

(2) Advisory Teachers of the Deaf perform a similar function as Special Education Advisers but specialise in services to deaf and hearing impaired children.

(3) Reading Advisers specialize in advising remedial and regular class teachers in methods that assist children to improve reading and language skills.

(4) Advisory Teacher Visually Impaired.

(5) Visiting Teachers of the Deaf provides itinerant services to hearing impaired children integrated into regular classes.

(6) Resource Teachers (Gifted). Two resource teachers offer assistance to schools which are seeking to develop school based enrichment programs for identified gifted children.

(7) Special Teachers work in special schools for the moderately handicapped and special class units for the mildly handicapped.

(8) Remedial Reading Teachers offer services to children who have some prospect of making reading gains in a relatively short time.

(9) Resource Teachers are allocated to some schools. They are flexibly by Principals to assist regular classroom teachers cope with handicapped children, remedial cases, gifted children, children with specific learning disabilities and the like. They may prepare materials for teaching children in the regular class and/or they may teach small groups on a withdrawal basis.

(10) Special Aides (Teaching Assistants Grade 2) are allocated by the Regional Directors to Special Schools, Special Class Units, or to schools which have children with special daily needs associated with physical handicap or behaviour disorders.

(11) Part-Time Instructors are allocated by the Regional Directors on a needs basis for specific instructional programs.

(12) Speech Therapists provide a clinical serivice to children and their parents and an advisory service to Principals and teachers.

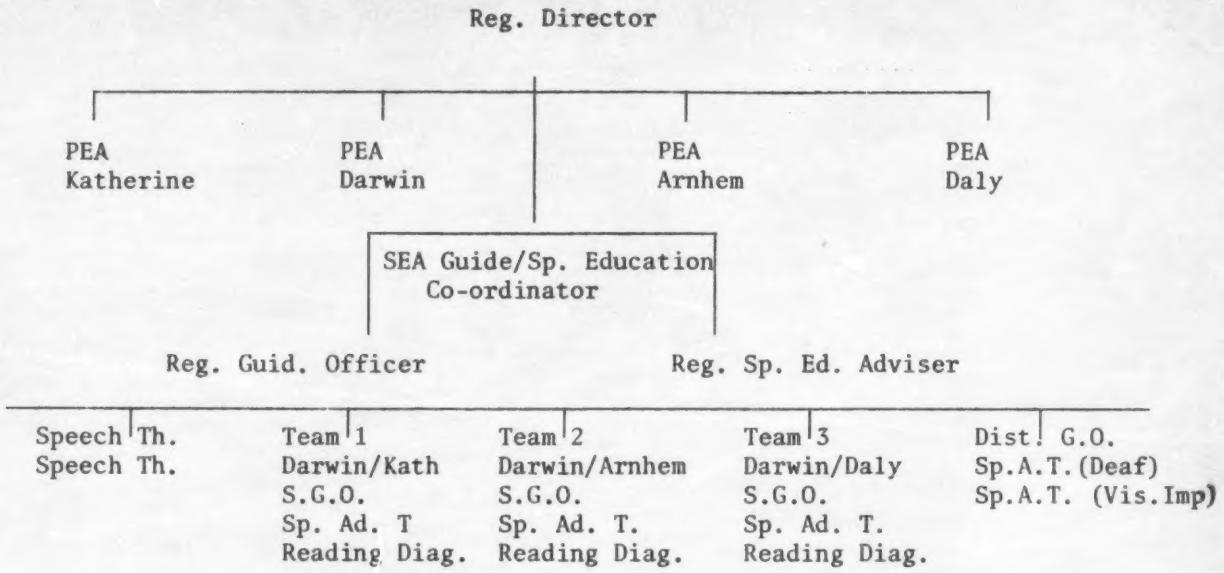
(c) Organization of Guidance and Special Education Services.

(1) *Divisional level.*

The Principal Education Adviser (Guidance and Secretary (Programs) on matters of Divisional policy.

(2) *Northern Region*

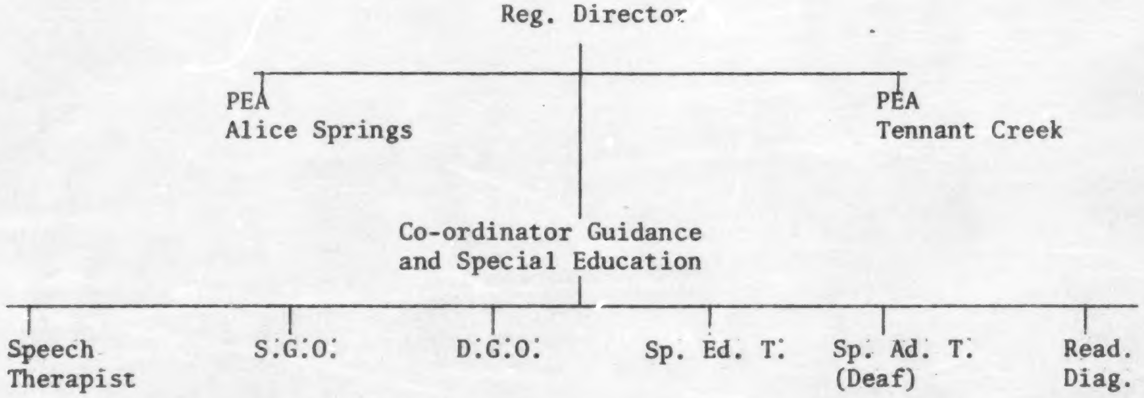
All Guidance and Special Education personnel are responsible to the Regional Director (Northern) through the appropriate line authority. The diagram below indicates the present arrangement but could be subject to review.


Reg. Director
PEA Katherine
PEA Darwin
PEA Arnhem
PEA Daly
SEA Guide/Sp. Education Co-ordinator
Reg. Guid. Officer
Reg. Sp. Ed. Adviser
Speech Th.
Speech Th.
Team 1
Darwin/Kath
S.G.O.
Sp. Ad. T
Reading Diag.
Team 2
Darwin/Arnhem
S.G.O.
Sp. Ad. T.
Reading Diag.
Team 3
Darwin/Daly
S.G.O.
Sp. Ad. T.
Reading Diag.
Dist. G.O.
Sp.A.T. (Deaf)
Sp.A.T. (Vis.Imp)

The diagram does not depict the Band 1 positions which also belongs to the staff of the Regional Director for deployment in schools as needs and priorities are determined. Similarly the deployment of Liaison Officers, Special Aides and Part-Time Instructor hours is based on needs and priorities. Allocations may vary from time to time.

(3) *Southern Region*

All Guidance and Special Education personnel are responsible to the Regional Director (Southern) through the appropriate line authority. The diagram below indicates the present arrangements but these could be subject to review.


Reg. Director
PEA Alice Springs
PEA Tennant Creek
Co-ordinator Guidance and Special Education
Speech Therapist
S.G.O.
D.G.O.
Sp. Ed. T.
Sp. Ad. T. (Deaf)
Read. Diag.

The diagram does not depict the Band 1 positions which also belong to the staff of the Regional Director for deployment in schools as needs and priorities are determined. Similarly the deployment of Liaison Officers, Special Aides and Part-time Instructors hours is based on needs and priorities. Allocations may vary from time to time.

It should be noted that the Special Advisory Teacher (Visually impaired) position will be attached to the staff of the Northern Regional Office but will have to provide inter-regional services.

Appendix C

APPENDIX C

LIST OF GROUPS AND INDIVIDUALS WHO MADE SUBMISSIONS TO SURVEY

(excludes personal submissions)

ALLEN, Mr. John W.
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MELBOURNE. VIC. 3004.

BLAKE, Mrs. Bronwyn
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ELTHAM. VIC. 3095.

BURNS, Denis, CLEAR, Michael,
GLEN, Gary, & HUBBUCK, Brian
c/- Nepean College of Advanced
Education,
Hawkesbury Road,
WESTMEAD. N.S.W. 2145.

BULLOCK, Professor M.I.
Department of Physiotherapy,
University of Queensland,
ST. LUCIA. Q. 4067.

CAMPION, Margaret, MCSP, MAPA,
Australian Physiotherapy Association
(W.A. Branch),
Paediatric Group,
c/- West Australian Institute of
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STANTON PARK, W.A. 6008.

CHAUVEL, Dr. P.J.
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Spastic Welfare Association of
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SPELD Tasmania (Northern Branch)
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R.S.D.,
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112 High St.,
STANTHORPE. Q. 4308.

and IRWIN, J.N.
Principal,
Stanthorpe Primary School,
STANTHORPE. Q. 4308.

The Remedial Teacher,
Stanthorpe Primary School,
STANTHORPE. Q. 4308.

Principal,
Sub-Normal School,
STANTHORPE. Q. 4308.

DUYKER-de-VRIES, W.M.
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